

# Career Choices: Directorship/Leadership

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#### Disclosures

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*Editor's note: Career Choices features a psychiatry resident/fellow interviewing a psychiatrist about why he or she has chosen a specific career path. The goal is to inform trainees about the various psychiatric career options, and to give them a feel for the pros and cons of the various paths.*

In this Career Choices, Cornel Stanciu, MD, talked with Thomas Penders, MS, MD. For most of his career, Dr. Penders has practiced in directorship roles. He currently serves as the leader of an addiction consultation service at the Walter B. Jones Center in Greenville, North Carolina, as well as working at the state level with federally qualified health centers to develop collaborative care models.

**Dr. Stanciu:** What led you to decide to pursue a director role?

**Dr. Penders:** Early in my career, I was offered opportunities to provide leadership for an organization in its efforts to assure quality and availability of appropriate medical and psychiatric care.

**Dr. Stanciu:** How has the director role evolved over the years?

**Dr. Penders:** Thirty years ago, when I got started, hospital administrations depended heavily on medical directors to provide advice on new service initiatives. Medical directors were frequently provided with support by health care organizations when recommendations were made based on patient and community need as perceived

by medical staff providers. There has been a dramatic shift in the relationship and role of medical directorship, particularly over the past decade. Budgetary constraints have influenced planning and operational decisions to the extent that these decisions are much more likely to be made based on financial analyses rather than on clinical needs identified by physicians. As a result, medical directors are encouraged to be mindful of the effect of their suggestions on the bottom line of the organization. This has resulted in a very significant shift away from programs that are needed but not funded, and toward programs that are revenue-positive or at least neutral.

Medical directors who do not conform in this way are unlikely to be part of the administration for very long in the present environment.

**Dr. Stanciu:** What training qualifications are required or desirable to assume a medical leadership role (post-residency fellowship, MBA, etc.)?

**Dr. Penders:** In addition to a foundation in evidence-based practices and knowledge of regulatory requirements, general leadership skills are probably the most important



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qualities for medical leadership. Hospitals are complex organizations with confusing reporting relationships. Negotiation skills and communication skills are critical to success. Because most modern health care organizations are well staffed with administrative personnel trained in business and finance, I would not suggest that an MBA is necessary or even important to a medical director's success. Having said that, there are an increasing number of physicians assuming the role of chief executive officer in complex health care systems. In this case, MBA training will likely be advantageous.

I would suggest that the focus of training that occurs in MPH programs would provide more relevant tools for those in positions of medical leadership. Skills such as biostatistics and epidemiology provide those in such positions with the perspective required to understand the effectiveness of health care systems, and to relate to changes that might be beneficial to the populations they serve. A firm foundation in information systems and data analysis is becoming increasingly important as the payment system moves toward one that is value-based. Increasingly, health care systems decisions will be guided by the analysis of aggregated information gathered from electronic medical records.

**Dr. Stanciu:** What personal qualities makes a psychiatric physician well-suited for the role of a medical director?

**Dr. Penders:** Medical directors will confront a variety of difficult situations with colleagues, administrative staff, patients, and family members. A calm demeanor with an ability to reflect rather than react is important. As I previously mentioned, an ability to communicate, including strength as a listener, is another personality trait valued in this position.

**Dr. Stanciu:** What are some of the challenges you face on a daily basis?

**Dr. Penders:** There are challenges in multiple areas. First and foremost, medical leadership is responsible for maintaining and improving the quality of patient care and experience. One can expect frequent conflicts to arise when providers vary from established standards or disagree with established policies.

Additionally, there appears to be an increasing lack of a distinct line between administrative and patient care decisions. It is often a challenge to manage the conflicting incentives involved when cost containment and quality care are seen to diverge.

**Dr. Stanciu:** What are the metrics that measure success by a medical administrator?

**Dr. Penders:** Some would say that the financial status of the organization is an important metric. Measures such as length of stay, patient satisfaction, and numbers of clinically relevant adverse events are how the success of medical leadership is assessed.

I would argue that patient outcomes as measured by standard clinical tools are the true measure of the success of the efforts of medical providers led by a medical director. Increasingly, measures of population health will likely be used to measure the overall success of health care organizations.

**Dr. Stanciu:** How do you keep up-to-date on the latest rules and regulations to ensure facility compliance?

**Dr. Penders:** Medical directors attend many professional meetings, both within their organizations and outside, which assures that information is provided on regulatory initiatives from government bodies and organizations such as the Joint Commission. Hospital risk managers and attorneys also play a part in keeping everyone honest when it comes to changes in laws governing our work.

### Clinical Point

Training that occurs in MPH programs would provide relevant tools for those in medical leadership



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### Clinical Point

Medical leadership is responsible for maintaining and improving the quality of patient care and experience

**Dr. Stanciu:** How is it working in a supervisory capacity with other physicians and the growing number of mid-level providers and their expanding scope of practice?

**Dr. Penders:** There is a variety of opinions today about the relationship between physicians and mid-level providers. Fairly recently, nurse practitioners and physician assistants were known as “extenders.” We don’t hear that term as much anymore, as these providers are becoming increasingly independent in their practice roles.

The supervisory challenge varies with each situation. Most hospital organizations have medical staff rules and regulations that define the relationships within hospitals. Efforts in outpatient care are often less well defined, and supervisory relationships can be tailored to the specific effort involved.

**Dr. Stanciu:** Is there a stipend or additional compensation for administrative duties?

**Dr. Penders:** Always. There is considerable time and effort needed on a flexibly “as

needed” basis that serves as a justification for administrative compensation.

**Dr. Stanciu:** Any major differences when working in an independent facility vs a large corporation?

**Dr. Penders:** As health care organizations become larger and more complex, the role of medical directorships in the larger systems are generally defined by policies that can be restrictive. Small organizations may have less formal rules and allow some flexibility for the role of medical leadership in general.

**Dr. Stanciu:** What preparation do you suggest for trainees and early career psychiatrists who are contemplating such a role?

**Dr. Penders:** Become involved in quality and organizational initiatives whenever they are available. Generally, organizations will invite and value the input trainees can provide to these efforts. Functioning as a chief resident is real-world experience that can be invaluable.