

Promoting Physician  
Alignment Through  
Evidence-Based  
Selection Practices:  
**GETTING YOUR  
DOCS IN A ROW**



**THE SYNERGY ORGANIZATION**  
*The Evidence-Based Executive Search and Assessments Firm™*





# HAVE YOU EVER HIRED A PHYSICIAN LEADER WHO YOU THOUGHT would be great and who ultimately did not meet your expectations? Have you ever been hired by someone who you subsequently learned you were not compatible with?

## THE CHALLENGE

Effective physician leadership is more critical than ever before for hospitals as well as for health systems, clinics, clinically integrated networks, and others. A seasoned physician leader on the senior team who has an innate understanding of the care process, and the provider's role in that process, has proven to be key to accomplishing goals. Capital decisions, service line management and supply chain management are just a few examples in which the roles of Chief Medical Officer (CMO), medical director, vice president of medical affairs (VPMA) and service line lead brought value to many organizations. However, problems in selecting those key contributors are frequent. The Synergy Organization (Synergy) uses proven proprietary tools and evidence-based approaches to alleviate those problems.

Gordon L. Alexander, Jr., MD, former CEO of University of Minnesota Medical Center and University of Minnesota Children's Hospital, notes that physicians frequently enter their health care administration roles without the benefit of years of experience managing aspects of a complex organization. While clinical experience is valuable, it does not always translate to success in broader leadership roles. All too often, the rules of the administrative road can be anathema to even a seasoned physician. In fact, the American College of Physicians reported that the competencies required to be an effective physician leader often contradict those of a good practitioner. For example, a good CMO must be persuasive, effective in delegating to others, and hold them accountable for their performance. Conversely, the solo practitioner primarily needs to be self-sufficient. While a general master of business administration degree or focused leadership training is helpful, it rarely changes the ingrained characteristics of a physician or predicts the type of performance he/she will display in a new role.

In addition, great variation is seen among VPMA, medical director, department chair, and CMO roles across organizations. Purposeful dialogue to define the uniqueness of these roles to the particular organization and clarify job expectations is often lacking, serving up the avoidable recipe for failure and unhappiness. Many physician executives have radically

different ideas than their senior team colleagues about what is expected of the physician in a leadership position. Candid conversations are rare, and the physician typically does not have a predecessor to tap for insights. Being a presence in the doctors' lounge is giving way to managing service lines, taking responsibility for population health management and care transformation, monitoring value-based contracting, and many more activities. Furthermore, these responsibilities are now critical to an organization's success. With the challenges organizations now face, the perception is that there is no room for error—operationally or financially—at this level.

The importance of setting the stage for physician leadership success cannot be understated. The common aphorism applies: **“If you don't know where you're going, any road will get you there.”**

A practical, proven and cost-effective solution to the challenges of critical and high-risk physician leadership positions is available. Traditional human resources (HR) search and placement processes often do not work and, in fact, can expose the organization to needless risks. Waiting to see who on your medical staff survives the Physician Leadership Academy often proves to be a lengthy and imprecise process that frustrates all involved stakeholders. Even those with appropriate skills can be flummoxed by the lack of clarity of a typical job description.

Using a “diagnosis before treatment” approach, The Synergy Organization's cost-effective and evidence-based Synergy Screening System® (also known as S3) clarifies up front both the unique job expectations and the required leadership



attributes. It then thoroughly evaluates incumbents and other potential candidates against those standards. In the process, prospective leaders are measured and scientifically matched to their positions along those dimensions that matter most to their long-term success. S3 mitigates organizational risks and provides a clear road map for both the organization and the physician leader to achieve success. Deliberately identifying and addressing the developmental needs of high-potential physician executives provides the most efficient way to maximize these valuable resources to your mutual advantage.

Just as evidence-based medicine recognizes that it always costs less to do things right the first time, health care executives now understand that they need to assess the specific criteria for success and identify physician leader candidates who are natural fits. This evidence-based approach significantly increases their confidence and their selected physician leaders' odds (>95 percent) for success.

## STEPPING BACK TO LEAP FORWARD

The two questions posed at the beginning of this paper highlight the importance of making informed decisions about the physician leaders we depend on every day, because it is these decisions that separate the most successful leaders from the rest. The best leaders in the most successful health care organizations demand better-than-average results and know they need to rely on others' talents to achieve them. They deliberately surround themselves with people whose skills

best complement their own toward attaining the organization's goals. They refuse to settle for "best under the circumstances," are more rigorous in their selection and hiring practices than most, and set realistic expectations of their physician leaders based on objective data.

However, most employers—and their applicants—find it difficult to articulate up front and with any degree of accuracy what they really want or need. An unfortunate result of this lack of clarity is poor productivity and a staggeringly high rate of job dissatisfaction. Yet, in retrospect, these same individuals typically have no difficulty stating with great clarity, confidence, and considerable emotion what they did not like about their previous boss, subordinate, or company.

To reinforce this point, think about how many people you know who are unhappy with their careers and complain about having to go back to work on Monday; view Wednesday as "hump day"; and breathe a sigh of relief and excitement as they say, "Thank God It's Friday."

Now, consider (1) the elevated level of acute care hospital CEO turnover, at 18 percent in 2014; (2) employee job dissatisfaction rates; and (3) the fact that the majority of heart attacks occur on Sunday nights and Monday mornings. What all of this means is that we need to be very careful in who we *choose* to depend on, because the quality of our selection decisions can easily affect our personal happiness, career success, and health as well.

# HIRE IN HASTE, REPENT AT YOUR LEISURE.

## SYNERGY'S PROVEN SOLUTION

Evidence-based selection is the systematic process of surrounding oneself with talented individuals and applying their strengths to promote measurable gains toward established goals. *The most effective leaders form synergistic relationships with those around them. They consistently strive to*

- get the right people on their bus and in the right seats, as emphasized by Jim Collins in *Good to Great* (Harper Business, 2001);
- build on their own strengths and those of others;
- build on what is working instead of focusing on what is not; and
- recognize that they are not going to be great at everything they do.

Selection best practices have been identified by Synergy as one of the Six Building Blocks of Lasting Leadership (see the sidebar for more information about The Synergy Organization and this process).



## THE 6 P's OF PHYSICIAN PRODUCTIVITY

**WHAT THE BEST LEADERS KNOW IS THAT**, to thrive in a competitive market, they cannot afford to keep doing what has not worked. They expect to invest time, organizational resources, and emotional energy on those people who will give them the most positive returns on their investment. In other words, they recognize the 6Ps of physician productivity:

### **Precisely positioned physician personalities propel performance.**

The good, and bad, news about effective leaders is that they tend to be optimistic and to look for the good in others. However, eternal optimists must accept a harsh truth in leadership selection and development: Not everyone can “accomplish anything if you just put your mind to it.” U.S. health care organizations have wasted billions of dollars trying to train and encourage staff and leaders to perform in ways they were incapable of or unwilling to over the long term. One of Synergy’s national Best Practices in Healthcare Leadership research studies found that *as much as 40 percent of senior executives’*

*time is spent dealing with unnecessary conflict and problematic employees.* In terms of Collins’ analogy, a great many executives had far too many of the wrong people occupying important seats on their bus.

Think about your physicians and overall workforce this way: When you step back and take an honest look at how poor performers negatively affect operations and the bottom line, you will begin to appreciate why the most successful organizations are adamant about conducting valid and meaningful assessments and performance appraisals of their leaders on an ongoing basis. The best leaders understand that they cannot allow anyone a free ride and need to be systematic in how they fill the limited seats on their bus. Synergy’s research studies and consulting work over the years have found that to be a consistent top performer, one needs to be fully engaged and passionate about one’s work.

To be clear, this does not minimize the importance of training, such as that provided in physician academies. But not every physician can be trained to be a leader! Just as we cannot



### **Bus drivers**

Superstars who push themselves and others to perform at their best every day

### **Bus riders**

Generally good-performing, loyal staff and leaders who are dependable

### **Bus stops**

Chronic malcontents who find ways to do “less with more,” do not take responsibility for their actions and failures, and make our buses more pleasant when they exit



train others to be taller, we cannot train every person to be motivated, empathetic, passionate, or honest. Physicians bring their own extraordinary talents with them when they enter our organizations, and along with them, their core personalities. As hundreds of progressive health care executives have shared with Synergy over the past 26 years, “I can teach others the finer technical aspects of their jobs, but I can’t teach them their personalities.”

## Training only enhances talent; it doesn’t **create talent**.

But organizations still rely primarily on a candidate’s prior experience, even when he/she has stopped developing his/her skills long ago. For example, think of the person whose résumé suggests that he has 20 years of related experience. In reality, that experience may be the equivalent of about one year of marginal performance repeated 20 times over. Rather than hiring fresh new talent for their key leadership roles, organizations often hire each other’s experienced failures and trade their problems back and forth. Therefore, one of the best ways to increase the effectiveness of our training programs is to better identify the most critical attributes of the “right people” we want to be trained, right from the start.

One critical, yet often overlooked, factor is money. Effective recruitment, selection, development and retention practices place considerable demand on increasingly limited resources and, given the current labor market, will become even more expensive for the next several years. But we also know that investment in increasing per person productivity and lowering turnover leads to better use of leaders’ time and supports the company’s bottom line. One key point worth making is one that the most successful leaders have learned:

## It costs far less to do things right **the first time**

Synergy asked the question, “What does it cost an organization to hire the wrong person for a \$100,000 or higher leadership level position?” In direct interviews conducted with 80 highly successful senior health care executives across the United States, most of the presidents and CEOs paused, sighed, and shifted in their chairs. Then, they offered signifi-

cant numbers to reinforce their experiences. They shared that the direct and indirect costs of a bad hire at this level had to be at least 6 to 10 times that person’s annual earnings! Moreover, they stressed that *the direct costs paled in comparison to the indirect costs*. Indirect costs include the emotional toll on the organization, the failed leader’s subordinates, and immediate co-workers.

As one CEO succinctly stated, “It could cost you your job.” When was the last time you heard someone admit, “I should have held onto that poor performer longer than I did”? Not often. Instead, in the vast majority of cases, most leaders tend to keep poor performers in a leadership role much longer than they should, and they come to realize with experience that

## A **bad hire** rarely gets any better.

If we take an honest look at traditional interviews, we will realize that at the precise moment when an applicant begins to feel like the right person, most managers stop interviewing. They start selling and closing on that individual. Few people have the ability to change course once all of this momentum has built up, leading to many hiring mistakes. That’s why the use of objective second opinions and validated leadership assessments can prove especially valuable to the organization and the hiring manager. The best time to incorporate outside feedback about the candidate’s overall fit and appropriateness for the position is before the hiring manager has fallen in love with the person and is waiting at the altar with all eyes, and momentum, upon them.

Consider this question: Who do you spend most of your time with, your best performers, or your worst? Consistent with the Pareto Principal (or 80/20 Rule), research has found that most managers invest the vast majority of their time, emotional energy, and material resources with those people who are least likely to benefit from this investment. A vicious cycle ensues for everyone involved, because those who are most likely to demonstrate the greatest improvements do not get what they need; instead, they get frustrated as their performance suffers and often quit, while the poor performers suck the life and resources right out of the organization.

One major way that top performers differ from poor performers is that the highest performers are consistently engaged with and committed to their work. Following is a quick way to validate this concept from your own experiences:



## THE SYNERGY FOUR-FACTOR THEORY

	CONTENT: THE WHAT <b>CAN THEY DO THE JOB?</b>	PROCESS: THE HOW <b>WILL THEY DO THE JOB?</b>
THE JOB	<b>FUNCTIONAL DEMANDS</b> <ul style="list-style-type: none"> <li>• Job descriptions</li> <li>• Responsibilities</li> <li>• Goals and objectives</li> <li>• Tasks</li> </ul>	<b>REQUIRED BEHAVIORS</b> BASED ON: <ul style="list-style-type: none"> <li>• Organizational culture</li> <li>• Work group norms</li> <li>• Client/customer</li> <li>• Supervisor</li> </ul>
THE PERSON	<b>ATTRIBUTES</b> <ul style="list-style-type: none"> <li>• Education</li> <li>• Experience</li> <li>• Skills</li> <li>• Aptitudes</li> </ul>	<b>PREFERRED BEHAVIOR PATTERNS</b> BASED UPON INDIVIDUAL PREFERENCES REGARDING: <ul style="list-style-type: none"> <li>• Interpersonal motives</li> <li>• Career values</li> <li>• Personal style</li> </ul>

Think about those people you have met who have impressed you as being absolutely extraordinary in their careers, who you believe are easily in the top 2 percent of people in their respective industry. How do those people feel about their work?

Top performers stand out from their lesser-performing peers because the high-quality work gives them the opportunity to do what they do best, they love to do it and they become energized by it. They “do not have to leave their hearts and minds” at the hospital’s front door and view their work as a natural extension of themselves.

It is *almost impossible* for them not to do their job with great care and high quality, and they show this enthusiasm in all aspects of their work. Now, imagine how much better off everyone in the organization would be if they could honestly approach each week saying, “Thank God it’s Monday.”

Leadership development for physicians can be enabled by the hierarchy of leadership positions in the medical school, practice plans, and integrated hospital/practice environments. Identify-

ing, **early on**, those physicians with the ideal characteristics and making suitable investments in them can pay rich dividends.

Synergy’s four-factor theory helps executives make those distinctions. It contains two columns and two rows. In the first row, the left column considers content: Can the candidate perform the duties of the job? Does the candidate know what to do? The right column considers process: Will the candidate do the job? How will the candidate behave? Thus, the model considers not only if candidates have the capacity to do the job but, equally and perhaps more importantly, whether they will be a good fit for the job.

The left column also reveals inherent weaknesses of traditional “paper matches” between generic job descriptions and professionally prepared résumés. At best, narrative-style job postings typically explain only what the employee will be required to do; similarly, résumés summarize only what the candidate has done. In contrast, the right column of the four-factor model stresses the importance of identifying *how* the job needs to be done and *how* the candidate is likely to behave.



## THE SYNERGY SCREENING SYSTEM®

THE  
3 FOOT  
VIEW



### THREE-DIMENSIONAL SCREENING

#### HEAD: WHAT THEY *MUST* KNOW

- Technical expertise
- Formal education
- Previous experience

#### HEART: WHAT THEY *ARE DRIVEN TO DO*

- Motivation
- Values
- Loves
- Passions

#### FEET: WHAT THEY *HAVE DONE*

- Behaviors
- Communication patterns
- Leadership styles

Interviewers must also focus on those make-or-break variables for leader success: style, personality and the relative fit for the job. To get an accurate picture of a candidate, Synergy recommends evaluating their “heads,” “hearts” and “feet.” The head represents what they know; the heart, their passions (how driven they are to help other people); and their feet, their actions (how they have developed productive relationships, generated new business, etc.). Interviewers can use this three-dimensional model in many ways to help select the right people and avoid costly hiring mistakes.

Many health care professionals have witnessed the revolving-door syndrome occurring in key leadership positions. Positions with the highest turnover typically result from unclear or conflicting expectations. These expectations predispose organizations and employees to needless difficulties and failure. In addition, “snipers” or “Monday-morning quarterbacks” take potshots at others’ hiring decisions. These people, who are reluctant to be pinned down in advance about their expectations of candidates, are exactly the same ones who

say, “Well, I can’t really tell you what I think about this person right now, but I’ll know the right one when I see her.”

Using Synergy’s proven behavioral profiles helps to identify the unique needs of the position more accurately and cost-effectively by getting buy-in from the position’s major constituents on the front end—before you advertise, interview, hire and get second-guessed when that new leader doesn’t work out. These objective profiles are also valuable for determining whether to promote from within the organization. Say a dedicated, long-time employee is asked to take on management responsibilities and is subsequently found to lack the basic, essential ingredients for being a manager. People who end up failing as managers often were neither comfortable nor effective in persuading others to do what was required. They neither stood up to others nor stood their ground in the face of resistance. They may have wanted more or less autonomy than the new position provided. In most cases, candidates likely were not interviewed thoroughly and effectively up front, where this situation could have been avoided.



# THE DIRTY DOZEN: 12 DEADLY SINS OF SELECTION

## DIAGNOSES AND TREATMENTS FOR EFFECTIVE PHYSICIAN SELECTION

**SELECTION FAILURES CAN BE VIEWED THROUGH THE LENS OF** diagnosis and treatment. The following errors in physician leader selection are the 12 most dangerous and common mistakes health care executives make when hiring physicians for their leadership team. These are described, along with more effective alternative strategies.

**1 THE EMPLOYER OVERSELLS THE JOB.** In this scenario, employers start out an interview by exaggerating the job's positive aspects, describing only its good points and hiding many of its challenges. Instead, give candidates a realistic job preview, outlining real expectations of the position. Share with candidates the key aspects of the position—including those less-than-desirable activities. Introduce the candidates to people who work there (preparing these co-workers in advance), and give them a chance to ask questions—especially important considering candidates are reluctant to ask certain questions of their potential boss. In addition to preparing the candidate, this best practice demonstrates that you value your staff's opinions and gives the chance to let others know what they like about, and why they came to, your organization. Although they may not be accustomed to hearing honesty in interviews, most candidates appreciate being told the truth. Many have told us that they accepted a position because of this quality.

**2 THE CANDIDATE OVERSELLS HIMSELF.** Applicants have become much more clever and sophisticated in recent years. Candidates now have plenty of resources available to them to learn how to say what they think the interviewer wants to hear. They tell you they have a great deal of experience and love doing everything the job requires—only complicating further your task of making effective hiring decisions. To break through this oversell, ask the candidate and his references specific questions to help verify the truth. The ques-

tions must focus on specific descriptions of what they did and how they carried out the job, what issues they encountered, how they addressed them, and what results they achieved.

**3 A GOOD PAPER MATCH OVERRULES EVIDENCE-BASED CONSIDERATIONS.** Too much emphasis is placed on the paper match between the curriculum vitae (CV) and the job description. Focus tends to be more on the candidate's educational training and experience than on what the candidate will do for you. Looking good on paper does not necessarily mean fitting in with you, the staff, other physicians or the organization. Instead, focus not on what they *can* do but on what they *will* do and, more importantly, what they *have already done and how they did this*. Ask candidates behaviorally based questions and require them to give you specific examples of what they have done that is most related to your needs.

**4 GENERIC JOB DESCRIPTIONS ARE OVERLY RELIED ON.** Job descriptions often do not differentiate between the unique needs of similarly titled jobs within or across organizations. The most accurate and descriptive item in such job descriptions says something like, "completes all other duties as assigned." Instead, be very clear as to what you want the candidate to do and how you expect it to be done. Communicate clearly both to the candidate and to staff so that everyone shares a clear and common understanding of the job.



**5 CVS ARE DECEPTIVE.** CVs are neither an independent nor an objective appraisal of the candidate, and as such they cannot be relied on as fact. Instead, the most effective way to avoid unpleasant surprises is to ask candidates—and their references—for specific examples of what related experiences they have and how they accomplished these.

**6 HIRING DECISIONS ARE MADE AT THE GUT LEVEL.** Hiring decisions often are based on the hiring authority's subjective reactions to the physician candidate without sufficient regard for other valuable evidence about this prospect. To significantly boost your hiring quotient and return on investment (ROI), consult objective and accurate sources of data, such as validated leadership assessments, behaviorally based interview questions, and targeted professional reference questions.

**7 HIRING DECISIONS ARE MADE ON FIRST (AND LASTING) IMPRESSIONS.** Candidates who do not make good initial impressions in the interview might as well stand up quickly, graciously thank the interviewers for their time and go home. Instead of making snap judgments, employers should wait at least 20 to 30 minutes into the interview before allowing themselves to start forming conclusions. Remain open and seek out information that might contradict your initial impressions. For example, probe the unbecoming candidates for specific examples of their related activities, and probe those candidates who impress you initially for additional information to get more balanced information about both their strengths and weaknesses. The deadly sin of adhering to the first impression brings us to the next deadly sin.

**8 HIRING DECISIONS ARE MADE IN THE FIRST FOUR MINUTES OF THE INTERVIEW.** Most hiring decisions are made within the first four minutes of the interview. Interviewers then spend the remaining 56 minutes trying to gather information to support the decision they already made. Initial impressions are formed, interviewers stop thinking, and sometimes their egos prevent their brains from making good business decisions.

Exacerbating the situation is that senior executives experience cognitive dissonance when they feel anxiety between what they want and what they perceive they are experiencing. If they suspect they have made a bad decision, they often try to find evidence to justify it. People do not like to feel anxious or be second-guessed in their decisions, so they rationalize to themselves what they have done.

**9 INTERVIEWERS HIRE PEOPLE THEY LIKE.** Certainly, it is important to like the people with whom you will be working. However, by the time the initial honeymoon period ends, unpleasant problems usually begin to surface. To avoid this trap, remember not to just hire a candidate because he appears to be a nice person.

We frequently have to remind clients that although a lot of people might make wonderful “neighbors,” they are not well matched to the needs of the position. Selecting the seemingly nice interviewee who really is not appropriate for the job backfires even further when that physician becomes toxic to everyone he encounters. Senior executives often feel guilty about having hired these mismatches and delay having the difficult conversations.

**10 INTERVIEWERS HIRE PEOPLE LIKE THEMSELVES.** Favoring candidates with whom they share attributes or experiences (attended same college, grew up in same area, enjoys golfing, etc.) is a common yet dangerous tendency for interviewers. Clearly, what people say they *want* in a potential hire may not necessarily be what they *need*. The people you hire should complement your personal style and should not be exact clones of you. Instead, check with others who know you and the job well enough to make sure you are pursuing the right people for the job. Also, use behavioral profiles and other types of structured behavioral interviews to increase objectivity and accuracy in making these very important and expensive hiring decisions.

**11 INTERVIEWERS “HANG HATS” ON CANDIDATES.** Even the most seasoned executives attribute certain characteristics to their prospective physician leaders that are not necessarily based in reality. Candidates may remind interviewers of someone they know regarding physical appearance, speech patterns, or other characteristics. Guard against the tendency to “judge a book by its cover” by asking the same questions to all candidates, listening carefully and making sure to remain open to who the person in front of you really is.

**12 EMPLOYERS THINK A “WARM BODY WILL SUFFICE.”** Time is short. You needed the physician leader to be in place a month ago, so the first available candidate gets hired. Instead, avoid settling for less, because the price you will pay for lowering your standards can be your own job.



# LESSONS LEARNED

## HOW TO AVOID THE DOWNWARD SPIRAL

Hiring the wrong physician for a leadership position can launch your organization into an increasingly tight downward spiral. Valued and reliable long-term employees complain and quit, productivity suffers, and the organization is worse off than before the new leader was hired. When physician leaders either quit or get fired, hiring authorities stand there scratching their heads and wondering, “Why didn’t they succeed here when they were so well qualified?”

Health care leaders do not have to fall victim to these common traps. Hiring effectiveness can improve significantly through the use of structured, behaviorally based questions and cost-effective pre-employment testing. Many progressive health systems that feared they could not afford to spend more time and money on these strategies said they learned two very important lessons:



They couldn’t afford *not* to try them out. After testing them initially on a limited trial basis, they discovered that the direct and indirect costs of bad hires, turnover and aggravation were far higher than the relatively small investment of time and resources.



These strategies are like preventive maintenance that enables them to protect their most valuable assets: their human capital. They quickly came to regard these methods as sound investments that provided them with immediate and significant returns.

To identify the primary solutions to record national hospital president/CEO turnover rates, The Synergy Organization conducted an enhanced replication of best-selling author Jim Collins’ *Good to Great* research. It focused exclusively on the best practices of the most effective and enduring presidents/CEOs, and their board chairs, from the most successful hospitals and health systems across the United States. Synergy’s findings were presented to the American College of Healthcare Executives and the American Hospital Association, multiple state hospital associations, the Center for Healthcare Governance’s annual symposium, and the American Society for Healthcare Human Resources Administration. They also were interviewed by the *Wall Street Journal* and published in several health care industry publications, including a Monograph, *Trustee*, *hfm*, and *HR Pulse*.

## ABOUT THE AUTHOR

**Kenneth R. Cohen, Ph.D.** is president and chief executive officer of The Synergy Organization, the nation’s leading evidence-based executive search and leadership assessment firm. The company specializes in helping progressive health care organizations apply industry best practices, including the proprietary Synergy Screening System®, to their physician and leadership recruitment, selection, development and retention practices. Over the past 26 years, Dr. Cohen has conducted several respected national Leadership Best Practice research studies and helped healthcare executives apply the results to improve their organizational outcomes as a standard practice. His own demonstrated commitment to Metrics, Quality and Productivity and to providing World Class Service is evidenced by The Synergy Organization’s application of the Baldrige Performance Excellence Program standards to all of their internal and external business practices.

An experienced organizational psychologist, Dr. Cohen is a recommended speaker of the American Hospital Association’s Speakers Express and has presented on various leadership topics including Evidence-Based recruitment, selection and succession planning best practices. He has published a Monograph and more than twenty articles in professional journals related to leadership recruitment, selection, retention and succession planning best practice.



# HOW SYNERGY CAN HELP

## COMPANY BACKGROUND

Over the past 26-plus years, The Synergy Organization has perfected a comprehensive, proven scientific approach that “measures and matches” what matters most to physician executives’ long-term success. The firm specializes in helping progressive health care organizations function most effectively and efficiently. By first objectively assessing job needs and physician capabilities, Synergy clarifies needs for the position and the shared expectations of the management team, then its consultants test incumbents and prospective leaders for a match. Following that step, the firm treats physicians like scientists and gives them the concrete behavioral information they need to make consistently good decisions and achieve success. For example, Synergy provides physicians with very specific developmental goals and practical steps they can use to engage and persuade others; partners with the senior executive team to fill voids created by the lack of any direct experience; and suggests behaviors to the physician leader that may be better received on a senior team; among other services.

Synergy’s proprietary suite of services and deliverables has grown organically over the years directly in response to clients’ requests. Among them is Synergy Screening System®, which objectively matches prospective health care leaders with their positions along a number of dimensions proven to matter most to their productivity, engagement and overall long-term success.

Recognizing that effective leadership does not occur in a vacuum, Synergy’s evidence-based approach hinges on leadership fundamentals and integrates leadership best practices, carefully focused interviewing techniques, standardized leadership assessments and psychological testing, objective feedback, and executive coaching. These processes have evolved from the firm’s industry-leading team assessment and executive search roots. They are scientifically based and have been validated and proven highly successful at producing much more effective and cost-efficient assessment and search experiences for Synergy’s clients.

## THE FIRM’S CONSULTANTS

Synergy’s consultants have decades of experience as organizational and health care process consultants; interviewers; physician leaders with experience in managing, coaching and mentoring; practicing physicians; psychologists; and health care program builders.

## SERVICES OFFERED

### 1. Development and positioning of physician leadership roles

- Develop meaningful position descriptions
- Determine how the role is “positioned” in an organization
- Illuminate differences of opinion in an organization
- Set clear expectations for candidates (defining “wants” versus “needs”)
- Help an organization avoid the costly revolving-door syndrome

### 2. Assessment of candidates against position description and preparation for success

- Assessing the needed experiential and motivational skills
- Evaluating the candidate’s cultural and behavioral fit
- Developing formal physician development plans
- Providing formal coaching and mentoring

### 3. Assessment of sub-optimal performance of physician leadership

- Clarify expectations: Is this a setup by the organization or a viable, “doable” job
- Understand the fit of the leader against expectations

### 4. Assessment of physicians for potential in generic physician leadership positions; assessment of suitability for leadership development/training

- Identify those likely to benefit from your physician leadership development and coaching initiatives
- Maximize ROI of your training dollars—not everyone will benefit from these programs



### THE PROCESS (ALL-INCLUSIVE OR “A LA CARTE”)

1. Synergy consultants interview multiple executives to clarify positions and/or problems (primary responsibilities/accountabilities, expectations, challenges and opportunities), highlighting variances in expectations and structural barriers to performance.
2. The organization’s executive team completes the Position Profile tools.
3. Synergy prepares a draft Executive Briefing with Position Description (expectations and requirements) and delineation of and solutions to problems.
4. Synergy presents findings to the process owner (and others as designated).
5. Synergy prepares the Final Executive Briefing and Position Description.
6. Synergy
  - assesses candidates against the position description,
  - reports on the assessment to the process owner, and
  - reports on the assessment to candidates.
7. Synergy then
  - Prepares a developmental plan for select candidates and
  - coaches and mentors incumbent or new leaders.