



THE CONTRASTS BETWEEN MANAGING AND LEADING



Pointers for growing from a manager into a leader.

BY CORINNE Z. WOHL, MHSA, COE; AND JOHN B. PINTO

Medicine, law, and engineering are learned professions. You learn a body of knowledge, take a test, become licensed to build a bridge or transplant a heart, and go on to practice your craft, albeit more skillfully over the years. Management is not a *learned* profession. One does not graduate from business school as an effective administrator on day 1. Management skills develop accretively. With an excellent mentor or coach and the personal desire to improve, management skills grow faster, but they are still dependent on the sheer number of challenges through which the manager has worked. In your first years as a manager, your focus is on managing people, learning to be numerate, and absorbing the details of the industry. Developing leadership skills occurs over time.

For this article, CRST asked practice management experts John B. Pinto and Corinne Wohl, MHSA, COE, for advice on how managers grow to become leaders. An edited version of their answers follows.

Q: What are the prominent differences between a leader and a manager?

A: The descriptions of managers and leaders can be imagined by using a Venn diagram; there is an overlapping area with identifiers unique to each role (see *Managers and Leaders*). Managers prominently provide instruction to their

staffs for task management. Leaders can be described as providing direction in the same way, but they do it in ways that inspire the staff to want to achieve more and excel professionally to benefit the practice. You could think about a leader as a *manager plus*.

The comparison is not unlike what occurs in medical training. When you start as a doctor in training, you mainly do what you are directed to do. Later in your career, you start managing the work of others such as nurses and administrative staff members. You are not only *managing*, and you are not only *doing*; there is a *doing-managing-leading* path that

every professional progresses through on the way toward leadership.

Managers typically live in the moment. They may ask themselves, “Do I have the staff that I need this morning to see our patients? Does the staff know how to do a particular procedure?” They think operationally and in the short term. Leaders are typically more visionary. They are future-oriented, and they think strategically. They may ask themselves, “Are we going to have the right complement of staff and the right training programs by the end of this year to take on a new service?”



Managers usually have a short decision cycle. If an issue arises and they need to make a decision, it is usually regarding a problem occurring that day or that week. A leader makes decisions over a much longer time frame. The senior administrator in a practice might have a question posed to him or her in the board room in January and quite reasonably not come back to the board room with an answer until April.

A manager follows goals predicated on the leader's vision. Typically, managers are more about maintaining the status quo. They lean toward playing it safe and are sometimes even resistant to change. Leaders, by contrast, are more willing to take chances and have more authority and responsibility to take risks that are proportionate to potential gain. A leader might *blow up* the status quo and say, "Starting next week, we're not going to do it that way any longer." That can be a bit of a high-wire act because he or she could be wrong, but that is how leaders push their practices toward improvement and success.

Q: Is it helpful to have a formal process in place to foster the growth of managers into leaders?

A: Absolutely! Although it is great to have a definitive professional growth process in place, it can be influenced by the size of a practice and the resources that are reasonably devoted to continuing education. For example, we work with many large practice clients who hold quarterly educational sessions for their midlevel managers to help develop their management and leadership skills. Our small to medium-sized practices may not be able to expend that level of effort, but they can help to foster growth by providing written goals and feedback to managers as well as resources such as webinars, books, and management conference attendance.

We see examples at both ends of the enterprise scale. There are very

"MANAGEMENT IS NOT A LEARNED PROFESSION.

ONE DOES NOT GRADUATE FROM BUSINESS SCHOOL

AS AN EFFECTIVE ADMINISTRATOR ON DAY 1.

MANAGEMENT SKILLS DEVELOP ACCRETIVELY."

small practices that do a superior job in formal leadership and management training for their staff and doctors and very large practices that do not allocate sufficient resources for training. Consider whether you are prioritizing efforts to help foster leadership growth and how your practice could benefit. (Editor's note: More information about this topic may be found in Ms. Wohl and Mr. Pinto's new book, *Up: Taking Ophthalmic Administrators and Their Management Teams to the Next Level of Skill, Performance and Career Satisfaction*, to be published by ASOA/ASCRS this spring.)

Q: What is the role of continuing education in growing managers into leaders? Does it involve honing basic office skills, learning the ins and outs of procedures, etc.?

A: There are about 7,000 ophthalmology practices in the United States. It is common to see wide variation, from practice to practice, ranging from how staff members answer the phones, to how clinics are organized, to how the practice fosters growth among employees. In our experience, the role of continuing education in most practices is about 90% internal. Staff members learn from one another how to do certain tasks. The more technically formal and critical the subject areas are—for example, billing and coding—the more precise the training must be. In most practices, a subset of the staff goes to regional or national workshops, but the training must not stop there. It benefits the

practice if those employees then pass the knowledge they have acquired on to others.

One potential downfall of having staff members train one another is that it could lead to a methodological echo chamber. For example, Mary at the front desk has a certain way of checking in a new patient, and, as she trains Bill, he may forget some steps of the process when he teaches the next person under him. About five staff members later, your employees could be performing important tasks differently from what was originally practiced. In all practices, you need to have performance consistency, developed by creating detailed documentation for all major tasks and then training to those standards.

We have observed that the top-performing 10% of our client base all have written documentation for departmental protocols. In even the smallest practices, operations manuals can be very lengthy to account for a tremendous level of detail.

Q: How does one identify leadership potential in an employee?

A: Not all managers have the interest or desire to move their careers to the next level. Those who do will express definitive interest. They will be open to suggestions on how to improve their skills.

There may be hidden potential leaders in your practice beyond your existing managers. There are likely individuals who have earned the trust of others and toward whom employees gravitate

for advice. These informal leaders may be providing suggestions and new ideas to the practice's leaders. Other signs include working long hours to achieve goals and showing initiative or creativity to solve problems. When you recognize a potential leader, but that person does not yet see it in himself or herself, it may be due to a lack of confidence. You can quickly tell whether some guidance and encouragement will help or whether he or she is really not interested.

In athletic terms, someone who is not a natural athlete can certainly be athletically trained, but he or she may not be as proficient at a given sport as a person who is a natural athlete. We can apply that analogy to leaders. You can see natural leadership shine by watching kids play in the sandbox. One might take the lead and say, "We are going to build a castle. Come over here and build a castle." He or she could be a little CEO in the making.

The personal lives and career histories of your staff members can tell you a lot about how well they will take to leadership—the staff member who was not just a Boy Scout but became an Eagle Scout or the staff member who was not just a cheerleader but was the head of the squad. People who organize things and pull people together are the individuals who are natural leaders.

Q: How does one define success as a leader?

A: A leader defines goals, measures progress, is confident making midcourse corrections for better outcomes, and develops solid working relationships with doctors, managers, and staff. Leaders possess the skills to work through disagreements, challenges, and difficulties while maintaining respectful relationships. The term *servant leader* is often used to describe individuals who think of others' needs first and of themselves last. A successful leader inspires those working with him or her to do their

best work and focus on the success of the overall practice.

Another success factor that we cannot ignore is raw tenure. There is a well-understood honeymoon period for most people who assume a leadership position. At first, everyone loves you, but you start to lose popularity when you have to make potentially unpopular decisions. Even US presidents often have initially high approval ratings but, after 4 years of leadership, leave office with drastically lower ratings—perhaps lower than they deserve. We have met perfectly adept doctors and administrators who have moved on from one practice to another because they wore out their welcome at the first.

Q: Should a formal mentorship plan play a role?

A: Mentorship is an ideal way to help a manager become a leader. We believe that the benefits of mentoring go both ways: There is always something to be learned from both sides. When you have a mentor, you learn from someone else's successes and failures, and this expedites personal and professional growth for the mentee. Mentors and mentees both benefit because you cannot teach without learning something yourself.

One of the first things taught in medical school is not to provide treatments that you do not know how to provide. In other words, when you get stumped by a patient's condition, don't guess—get a second opinion. It is important to understand your limits as a business leader as well.

There is no perfect administrator or CEO of a practice. Everybody has some hole in his or her skill set or experience, and it is important to know where those holes are and when to call on peers, attorneys, accountants, or consultants to back up your judgment.

Q: What are the necessary skills and attributes for a strong leader?

A: Defining the attributes of strong practice leadership could fill a whole book, but the main areas include the ability to create and nurture working relationships with doctors, managers, staff, vendors, and patients; excellent communication skills; the ability to perform financial analysis; and a commitment to making data-driven decisions.

It is also important to have compassion. Cold-hearted leadership, especially in the health care field, tends to fail. Practice leaders who have compassion for their staff, their doctors, and their patients generate inspired work. Communication skills—writing, speaking, and listening—are vital. An effective leader is able to develop written goals, communicate those goals through protocols and policy, share progress, and express understanding and appreciation of staff efforts.

In addition, the value of raw intelligence must not be overlooked. If you are unable to stand toe-to-toe with your doctors and your board members at an intellectual level, they will not have confidence in you as a leader. That is true whether you are the administrator or the managing partner of a practice.

CONCLUSION

The professional growth discussed in this article starts with the manager. The manager must first have a desire to grow if he or she wants to evolve as a manager into a leader. It cannot happen without personal commitment and drive. ■

CORINNE Z. WOHL, MHSA, COE

- President, C. Wohl & Associates, San Diego
- czwohl@gmail.com
- Financial disclosure: None

JOHN B. PINTO

- President, J. Pinto & Associates, San Diego
- pintoinc@aol.com
- Financial disclosure: None