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The role of the medical director

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Abstract

This article will provide information that can be used to create or enhance the position of a medical director in a surgical suite. Included are role descriptions and distinctions. Lists of tasks or responsibilities are also provided, along with a model that may be useful for medical director selection, development, and evaluation.
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The surgical suite can be compared to an airline or a restaurant, industries that also operate in an environment of efficient service. Call it "first empty room," "stand-by," or "please wait at the bar," customers must be accommodated whether they have reservations or not. This is just one of the responsibilities of the medical director, whose role can be thought of as integrating the administrative, medical, and financial tasks for the management of the surgical suite (Table 1). Although anesthesiology is the practice of medicine, the practice of anesthesia has become a business, and in the operating room, anesthesiologists have become prominent in the role of medical director [1].

As business professionals, doctors perform a range of tasks in common with other business managers [2–4], and the opportunities for the "physician executive" continue to evolve [5]. The two extremes of leadership or management style for a medical director can be thought of as authoritarian or advisory. The authoritarian style invests a significant amount of power in the medical director and may be most effective when this power is linked to time, money, or space. In the authoritarian style, the medical director retains both responsibility and authority. It is important to have clout where it counts [6].

The opposite management style is advisory, in which the medical director has little authority, but also little responsibility. The medical director's influence is not linked to money, space or time but stems from respect. With the advisory style, the director's position is delicate and difficult to maintain and it often carries the stigma of being a figurehead. Although most medical directors use a style somewhere between these two extremes, a position that offers responsibility without authority should be avoided [7].

The need for a medical director may be questioned and in one study, physician participation in hospital management did not improve hospital efficiency [8]. When other parameters (e.g., clinical and financial) were included in another study, physician-led organizations were conspicuous among the top hospitals [9]. Clearly, the position can have merit.

Perhaps one of the most difficult aspects of a medical director's job is protecting patients from another surgeon. To a surgeon, his are the only patients and deserve consideration before anybody else's patient. Although a surgical suite should always provide what surgeons need and always try to provide what surgeons want, a surgeon's *wants* should not be satisfied at the expense of the *needs* of another surgeon. Just as on the battlefield, triage is an important skill when unlimited health care resources are not available.

Even though the patient is a customer, the phrase "patient care" carries little incentive to modify the behavior of health care personnel. This term is most often uttered when a surgeon or an administrator is concerned about one particular patient. The medical director must recognize that he or she is

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Table 1
Medical director tasks (3)

Administrative
Employee evaluation, counseling and education
Responsibility for nursing and administrative staff
Personnel scheduling
Facility and equipment maintenance
Adherence to safety and legal requirements
Serves on or delegates representatives to hospital and medical staff committees
Maintains records
Projects unit needs and activities for future planning
Accreditation
Quality assurance/quality improvement programs
Medical
Scheduling of anesthesiologists and surgical procedures
Determining the appropriateness of patients and procedures for the facility
Liaison with the physicians who practice at the facility
Arbiter for the physicians
Maintenance of an efficiently managed unit
Keeper of the licenses (e.g., DEA, laboratory)
Accreditation
Quality assurance/quality improvement program
Financial
Budget preparation
Budget monitoring
Operation of the units within budgetary constraints
Budgeting for and purchasing capital equipment

responsible not just for one customer, this surgeon's particular patient, but also for all the other customers, including the surgeons and the nurses. The best way to provide good patient care is to take good care of all the health care providers; "nurse care" and "surgeon care" are just as important as "patient care".

The medical director sees to it that everybody plays nicely in the sandbox. To assure that no one plays favorites, policies and procedures should be adopted and periodically reviewed. Strict adherence to policy protects patients and facility staff. It is important that surgeons and facility staff participate in the formulation of these rules and regulations.

A problem with many current models of medical directorship may be the emphasis on management rather than on leadership. To have followers presupposes a leader, not a manager. Leadership [10], often a product of innate or intuitive factors, may be difficult to teach to others. Organizations may have to rely on models for management rather than leadership.

One such model was synthesized from a variety of existing models in the British National Health Service [2]. It was developed through iterations of a questionnaire in the pilot stages and in discussion with doctors and managers throughout the service. The task characteristics derived were divided into five broad clusters of capability (Table 2).

Table 2
Management model for doctors

Contextual awareness
Strategic thinking
Functional and operational skills and knowledge
Interpersonal and team skills
Self-management

The first cluster, contextual awareness, was defined as the understanding and ability to operate effectively at all levels in the context of organizational structures. It involves knowledge of central government health strategies, national funding, the roles of major constituents, the purchaser/provider concept, senior organizational roles, and the structure and process of local units.

The second cluster, strategic thinking, is based on understanding strategic processes and applying them. Strategic thinking includes the ability to generate a vision and long-term strategies, to contribute to the development of organizational goals, and to link daily activities to strategic plans.

Functional and operational skills and knowledge of a range of activities and methods are generally associated with the daily operation of units in health care organizations. Among these skills are recruitment and selection of non-medical staff, pursuit of equal opportunities policies, training non-clinical staff, appraising and implementing disciplinary procedures, negotiating contracts, monitoring business planning and performance, managing a budget, generating income, managing organizational crisis, handling official complaints, using information systems, and problem-solving and decision making. Quality issues such as implementing patient satisfaction and clinical audit are also included.

Interpersonal and team skills include communicating sensitive information; counseling and mentoring colleagues and subordinates; chairing and contributing to meetings; making presentations; dealing with the media; negotiating; conducting interviews for appraisal, selection, grievance and discipline; delegating work; resolving conflict; and goal setting for others.

Self-management skills used in the management of career and personal effectiveness at work include learning effectively from experience, managing a professional reputation, implementing difficult non-clinical decisions, acting independently with initiative, managing time, handling uncertainty, and demonstrating self-awareness and effective presentation.

While not exhaustive, the above lists can help to guide the development of the role of medical director and the assessment of performance. Formal courses have been created in response to the need for a medical perspective in this business endeavor. Courses are offered in many reputable business schools, and the American College of Physician Executives has been formed to develop educational programs for physician executives [11]. The American Association of Clinical Directors is also a valuable resource.

The role of the medical director is open to interpretation and application. Involvement and influence can be extensive or minimal. A medical director can be an all-powerful czar or nominally a consultant. Responsibilities vary greatly and depend upon the institution and the individual. The bottom line is that the medical director must find ways to do cases

and then maintain the processes for doing them. The main goal is to have a facility where surgeons want to bring their patients.

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