

ON THE LEARNING CURVE

Leadership Development Resources

Over the past year, I have addressed multiple issues related to leadership development. While I hope this series has been helpful, and you have been able to put some of what you learned to use, I have really touched only the surface. Entire books have been written and courses conducted on each of the topics I covered. As I close this series, I'd like to share some of the resources I have found most helpful. There are many, many more that are as valuable—I just can't list them all within 800 words!

Medical Organizations

If I could suggest just one resource, it would be a professional medical organization. Throughout my career, I have been most involved with the American Academy of Pediatrics (www.aap.org), but others such as the American Medical Association (www.ama-assn.org), the Academic Pediatric Association (www.ambpeds.org), and many state and local organizations also have much to offer.

All of them will provide some resources to nonmembers, with more

robust resources reserved for members.

Leadership development is key to the success of these organizations, so they have drawn from many expert sources and can provide mentorship and education on topics as they relate to the medical professional.



BY LEE SAVIO BEERS, M.D.

Leadership Training

For an intensive immersion-like experience, there are many leadership courses and institutes appropriate for medical professionals. Some of the better known include the Harvard School of Public Health center for continuing professional education (<https://secure.sph.harvard.edu/ccpe>), with a wide variety of

courses offered to medical professionals ranging in length from a few days to 4 months; the Stanford Executive Program, a 6-week general management program for senior executives (www.gsb.stanford.edu/exed/sep); and the Association of American Medical Colleges (www.aamc.org), which offers a variety of professional development seminars particularly focused on women and underrepresented minorities in medicine. These programs, as you might expect, can be

quite competitive or not easily accessed because of where you live and/or your ability to travel and take time off.

However, many other universities, hospitals, and professional medical organizations offer leadership training as well, some of which may be local.

For example, several years ago I completed a yearlong (1 full day a week) program focused on medical education and organizational development, which was created and taught by the hospital where I worked and its partner medical university. If you can spare the time, programs like these are an excellent opportunity to focus on developing your skills without other distractions (relatively speaking) and to become part of a greater community of leaders.

Recommended Reading

There are also several books that I, and others, recommend, including "The Leadership Challenge: How to Keep Getting Extraordinary Things Done in Organizations" (San Francisco: Jossey-Bass, 1996); "Getting to Yes: Negotiating Agreement Without Giving In," 2nd ed. (New York: Penguin, 1991); "The 7 Habits of Highly Effective People" (New York: Free Press, 2004); and "The Skilled Facilitator: A Comprehensive Resource

for Consultants, Facilitators, Managers, Trainers, and Coaches," 2nd ed. (San Francisco: Jossey-Bass, 2002).

Most importantly, never stop learning and never stop trying.

We will all have times in our lives when things go smoothly, and times when we are just keeping our heads above water. As young physicians—managing new careers, young families, and other transitions—we are vulnerable to setbacks. I will fully admit, I have not been functioning optimally since the birth of our second child (sleep deprivation is a powerful force), but I've tried to continually reassess, reprioritize, and move myself forward, even if it is just a little bit.

As young physicians, we have the capacity to improve the health of children for many years to come, if only we keep moving forward. ■

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Physician Work Hours Dropped in Past Decade, as Did Fees

BY MARY ANN MOON

The number of hours U.S. physicians work each week has markedly and steadily decreased during the past decade, after having remained stable during the 2 preceding decades, according to a report.

While the study was not designed to identify why such changes have occurred, investigators did find a striking correlation between physicians' decreasing hours and decreasing fees for their services.

Inflation-adjusted physician fees changed little until the mid-1990s, when they began a steady 10-year decline. "By 2006, physician fees were 25% lower than their inflation-adjusted 1995 levels," Douglas O. Staiger, Ph.D., of Dartmouth College, Hanover, N.H., and his colleagues noted.

The decrease in hours worked per week "was broad-based and not concentrated among physicians with particular demographic characteristics or working in particular settings." Physicians from all demographic areas have shortened their typical work weeks from the approximately 55 hours that prevailed since 1977 to 51 hours, the investigators said.

In contrast, mean weekly hours worked by other professionals such as lawyers, engineers, and registered nurses "changed very little during the past 30 years, which is consistent with national trends in mean weekly hours among all workers published by the Bureau of Labor Statistics," they said.

The researchers said they examined this issue because most studies concerning the medical work force, as well as the policy decisions based on those studies, have assumed that hours worked by physicians have remained constant.

A few recent studies have suggested that this assumption may no longer be warranted.

Dr. Staiger and his colleagues analyzed data from the

Census Bureau's Current Population Survey, an annual report that obtains detailed information about employment from a nationally representative sample of adults. They examined data from the late 1970s through 2008 on all 116,733 survey subjects listed as physicians or surgeons.

Physician weekly work hours were stable during 1977-1997, ranging only from a low of 54.6 hours to a high of 55.9. Since then, however, work hours have declined steadily, and they currently total 51 hours per week.

During the same interval, mean physician fees, adjusted for inflation, decreased by 25%.

"It is likely that a third factor that was associated with lower fees, such as growing managed care penetration or market competition, may have contributed to the decrease in physician hours," Dr. Staiger and his colleagues noted (*JAMA* 2010;303:747-53).

"Whatever the underlying cause, the decrease . . . raises implications for physician workforce supply and overall health care policy. A 5.7% decrease in hours worked by nonresident physicians in patient care, out of a workforce of approximately 630,000 in 2007, is equivalent to a loss of approximately 36,000 physicians from the workforce.

"Although the number of physicians has nearly

doubled during the last 30 years, many workforce analysts and professional organizations are concerned about the adequacy of the size of the future physician workforce.

This trend toward lower hours, if it continues, will make expanding or maintaining current levels of physician supply more difficult," they noted.

The trend also "could frustrate stated goals of health reform, which may require an expanded physician workforce to take on new roles and enhanced functions in a reformed delivery system." ■

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These Findings Are Limited

This study is flawed, as it fails to take into account more part-time physicians and more women physicians, especially in pediatrics.

I believe that for male, head-of-household, sole provider physicians, hours spent weekly likely have risen, and incomes are up or steady as well.

I wouldn't intuit anything at all from this study, other than to say it will be most difficult for us to assess workforce needs of the future, given the change in physician demographics

and the needs of the newer generation, and given the possibilities of increased access to care someday with health care reform. We likely will need more providers, but we cannot just tie it in to the conclusions of this study.



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