
Expectations for SOMC Leaders

A Practical Overview for Physicians, Advanced Practice Providers, & Other
Leaders Determined to Succeed in the SOMC Leadership Culture

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Introduction

Thank you for accepting the challenge of [physician leadership](#) at SOMC. Leadership is not easy. If it were, it would not be so satisfying. Your investment in becoming a more successful physician leader will pay gratifying dividends in professional satisfaction and organizational results.

Many SOMC physician leaders have told us that we could do a better job of making our [expectations](#) clear. After all, most physicians have not studied the discipline of leadership, and many physicians who have accepted leadership positions have never held such a position before.

This practical white paper is an effort to respond to that feedback. While no paper can ever fully capture the complex expectations that leaders must manage, those explained here will provide you with a solid foundation on which to build. This paper also includes numerous hyperlinks to a variety of leadership resources.

We have these same expectations for all SOMC leaders. And it is important to admit that we will all sometimes fall short. We are human. But if we know what our expectations are and we are committed to achieving them, we will be more successful than those leaders who have not taken the time to clarify their mutual expectations.

We want this living document to improve over time. Your fellow leaders will need your help to achieve that. Please ask clarifying questions and make suggestions for improvement. As you read and reflect on the expectations here, think of the physician leaders who will follow you. Please contribute to SOMC's intellectual capital reserves by participating in the [SOMC Leadership Blog](#) and by documenting what you have learned in other ways.

We expect leaders to focus on results.

Distractions are daily temptations for every leader. You will not be able to resist all of them. Stuff happens. You will have to stop what you are doing

and deal with it. But you can limit such distractions to temporary detours if you begin every day by focusing on the things that matter most—results.

Make no mistake. Effective teamwork is the foundation of your success as a physician leader.

Leaders exist to produce and sustain exceptional organizational [results](#). You can best accomplish this by identifying the results you intend to achieve and by continuously monitoring your progress toward those goals. As a physician leader, your first priority is to be an exceptional physician. Practice evidence-based medicine. Put the [patient at the center](#) of everything you do. Behave ethically. Review the [AMA](#) or [AOA](#) ethical principles frequently and keep them close at hand. If you do these things, you will be a good physician.

But just being a good physician is not enough. To be a successful physician leader, you must produce and sustain results that are exceptional. This is a lot harder than merely being a good physician.

We expect leaders to be respectful team players.

A troubling number of SOMC physician leaders are not viewed as respectful team players by their colleagues. Once each year, SOMC employees rate perceptions of physicians as [respectful team players](#). Those perceptions are then rank-ordered. This process allows you to know exactly where you stand.

As a physician leader, you are primarily accountable to two leadership teams. Your primary support team consists of your office manager, your departmental director and the physician leader to whom you report. Make sure you stay in more or less continuous contact with these leaders. You will probably want to meet with your office manager and director at least weekly. Your departmental or service line Leadership Team (LT) is your secondary support team. These teams typically meet monthly. You will naturally build or join other teams as needed. You will need

expert patient care teams every day. You cannot succeed as a physician or a physician leader without them. You will need consultant teams, human resource teams, recruitment teams and so on. Make no mistake; effective teamwork is the foundation of your success as a physician leader.

We expect leaders to know their metrics cold.

Throughout your career, you have attended a lot of meetings where physician leaders show up and shoot from the hip. They don't know which metrics matter. If they happen to know the metrics they don't know their current performance. If they know that, they don't know what they plan to do next.

Such ignorance will damage your reputation as a leader at SOMC. Remember, leadership is all about results. Know the most recent data for all of the indicators on your department or service line dashboard. If an indicator reveals something less than perfection, be able to explain what you've already done about it or what you are about to do. Own your metrics. Be the expert. If you choose to remain disengaged from your performance data, prepare to kiss your leadership effectiveness goodbye. If you manage to hold on to your title for a time that will be all you have.

We expect leaders to make their expectations clear.

We would all like for other people to read our minds and behave as we wish without having to ask for evidence of their commitment to us and our organization. How has that been working for you?

[Making your expectations clear](#) is hard work. It takes time and sustained effort. Sometimes you don't even know what they are until one of your colleagues fails to measure up. You will likely become frustrated, convinced they should have known better. If you have not made your expectations clear, the failure is yours. Own it. Take full responsibility for this all-too-common leadership failure.

We expect leaders to lead by example.

No one takes a leader seriously who does not [walk the talk](#). If you smoke, you will not be viewed as credible when you ask your patients to stop. If people see you mowing your grass in flip flops, they will know you are not serious about safety.

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This means you must take safety seriously both at work and in your private life. It means quality must matter even when it is inconvenient and uncomfortable. It means providing the same kind of [exceptional service](#) to your patients and colleagues that you expect when you are sick. It means that you must treat people in ways that encourage teamwork and mutual respect. You will not be able to persuade others to pursue a healthy lifestyle unless you lead the way. And it means that you must take your role as a steward of our community's health care resources seriously.

We expect leaders to speak their minds.

People don't like to rock the boat or make waves. It's easier to just go along. Critical thinking is hard mental work. And it is a challenge for many physician leaders to [disagree without becoming disagreeable](#).

You do not have to go along to get along at SOMC. We expect you to disagree. We expect you to ask hard questions and to give voice to the concerns that others are afraid to broach. Forthrightness is valued. We do expect you to be civil. We don't want you to argue for sport. There is no need to be mean or insulting. Remember, the people on the other end of your challenges may get defensive at first. Give us time. We will eventually get over our sensitivities and give your views thoughtful consideration. Civil debate is crucial to organizational innovation.

We expect leaders to be transparent.

People love secrecy—so long as they are in on the secret. Knowing a secret makes people feel special and powerful. Swearing others to [secrecy](#) encourages collusion and invites suspicion. The lack of trust that follows will undermine the leader's best efforts to persuade others to take a risk or make some needed change. Above all else, people value honesty and integrity in their leaders. Secrecy poisons both.

Clarify how you will make decisions. Invite people on both sides of an issue to make their best case. Ask for data. Invite opinions and the evidence for those conclusions. Whenever possible make all of this material public. Make the decision and announce it. Explain your reasoning. Remain open to changing your mind if new information warrants it.

We expect leaders to welcome honest feedback.

We all love to be told how wonderful we are—particularly when we are not. Physicians are an especially thin-skinned lot. There is a reason for this. The demand for our skills far outstrips supply, and most of our patients are deeply grateful for our help. Naturally, we start to think we are special.

At the end of your first 90 days at SOMC, your colleagues will conduct a facilitated [360-degree evaluation](#) about how those who work most closely with you perceive you as a colleague. Brace yourself. Everyone will not love you. People do not love their leaders as much as they love their physicians. Physicians can be especially critical of their leaders. But such feedback—even when it is mean-spirited and unmerited—will promote your growth as a leader.

We expect leaders to be accountable.

When things go wrong, most people look for someone else to blame. When they are not blaming others, such people are trying to change them or stoking their festering resentment that their adversaries think and act the way they do. These misguided leaders waste enormous time and energy ruminating about what other people should do instead of what they should do. And too many leaders never figure out their mistake.

Leaders always blame themselves. They own up to their mistakes and [hold themselves accountable](#). They do not look for scapegoats. They even take responsibility when they were not at fault. Real leaders understand that this is the only way to make a difference. If you don't own the problem, you can't fix it. And these leaders don't talk their colleagues down. They talk them up. Successful leaders spend their time doing instead of wishing and hoping and blaming.

We expect leaders to hold their colleagues accountable.

Wouldn't it be nice if everyone showed up on time, did what they needed to do when they said they would, all without whining or complaining? Well, yes it would. And if they did, there would be no need for leaders in the world.

Making your expectations clear is not enough. You must [hold people accountable](#) when they fail to deliver. Admittedly, this is an unpleasant business. It goes a lot better if you hold everyone accountable—including yourself—and if you confront people when you are feeling positive about them instead of when you are angry.

We expect leaders to communicate effectively.

Leaders could always communicate better—period. Real communication usually begins by listening. Physicians are not very good at that. We think we are. Listen to your patients and colleagues. That's not their perception. It doesn't matter how well-intentioned you are or how hard you try, you could still do better. And you must.

You can only learn patience by being patient and persistence by being persistent.

[Effective communication](#) begins with intent. You will get nowhere unless you make communication a priority. It requires discipline. You must keep at it long after you are sick of hearing yourself talk. And you must customize your approach. People differ widely in how they wish to hear from you and their preferences change from moment to moment. Learning about how to communicate more effectively is not enough. You must do it—and keep on doing it. Sometimes, you will succeed. You could still do better. And you must.

Servant-hearted leaders pursue influence instead of power. They aspire to persuade, not command.

We expect leaders to manage change effectively.

People hate making changes they don't want to make. Contrary to the popular myth, people do change, but they change when *they* want to, not when *leaders* want them to. And making a change is only part of it. Then you have to sustain it. Most leaders will admit that managing change successfully is among the toughest challenges of being a leader.

How can you effectively [manage change](#)? Decide that the change is needed. Not all change is good. Explain why. "Just because I said so," will not suffice. Clarify the next step and then the next. Lead the way. Learn patience and persistence. You cannot possibly succeed as a physician leader without followers. And you can only learn patience by being patient and persistence by being persistent.

We expect leaders to talk to people instead of about them.

You have figured this out about people, right? We would all rather talk about people instead of talking to them, particularly when we are aggravated with them. Physicians are the worst. There are always people nearby who will allow you to put them in the middle. This is a temptation too seductive for most physician leaders to resist. Successful leaders find a way.

Strike these words from your vocabulary: "You tell her. . ." When you hear these forbidden words coming out of your mouth, say this: "Never mind, I will tell her myself." Then apologize for almost putting your colleague in the middle. And ask her to do you the favor of calling you out when you slip and do it again. And you will.

We expect leaders to manage conflict effectively.

Conflict is inevitable. Leaders avoid it like the plague. Conflict is uncomfortable. The most common strategy for dealing with conflict in the workplace is to ignore it if possible. If that is not possible, leaders use every excuse on the Internet to put off dealing with it. When they finally do, they often deal with it badly.

Embrace an [effective conflict management process](#) that works in your organizational culture. Create a checklist for yourself. When conflict occurs, follow that process. Do not wing it by just doing what feels right at the time. When managing conflict, you cannot trust your feelings. The key to managing conflict successfully is to do the right things despite how you feel.

We expect leaders to manage their emotional arousal appropriately.

Physicians are usually trained in high-stress environments where they have repeatedly observed revered, powerful physician leaders indulge in temper tantrums and throw their weight around. Having survived and thrived in such an environment, it is natural for you to assume that you can do the same now that you have achieved a position of power.

That assumption is incorrect. You will become upset and angry from time to time. [Emotional arousal](#) is not a good leadership trait, but it happens. When it does, we expect you to remain unfailingly gracious and civil. If you are not yet disciplined enough to behave appropriately, remain silent and remove yourself from the situation until you have your emotions under control. When you are emotionally aroused, you are the biggest problem. Solve that problem first.

We expect leaders to have servant hearts.

A troubling number of physicians pursue leadership positions for the wrong reasons. They want another title. They want power. They want more money or opportunities to bask in the limelight. Some of these misguided souls actually think leadership means less work!

When you are emotionally aroused, you are the biggest problem. Solve that problem first.

The best leaders are passionate about getting things done. They understand that the best way to get things done is by making other people successful. And the best way to make people successful is to provide them with the support they need to succeed. Servant-hearted leaders pursue influence instead of power. They aspire to persuade, not

command. They seek to serve others; they are not interested in having others serve them. They are not impressed with rank. They believe the best idea is boss. When making decisions, they put the interests of their colleagues and the organization above their own. And they are happy to give the credit to others.

We expect leaders to suggest solutions.

Physicians are critical by nature. We are pretty good at pointing out what is wrong. That is an essential leadership skill. But describing the problems is not enough. Facing reality is necessary, but insufficient.

You cannot lead unless someone follows you.

Force yourself to think beyond the problems to possible solutions. Organize a group of committed colleagues and identify all of the [available options](#). And don't limit yourself to prescribing what others could do to solve the problem. Focus instead on what *you* can do.

We expect leaders to persuade effectively.

You cannot lead unless someone follows you. If you cannot persuade others to follow you, you will never achieve or sustain exceptional results. You may have a title but, without results, you are no leader.

Effective, ethical persuaders follow a process. First they persuade themselves. Then they prepare to persuade. When they have built a compelling case, they ask permission to make their case to others. They do not expect to persuade everyone. They do expect to persuade enough people to achieve their goals. They fail. They learn. They persevere. Sometimes they succeed.

We expect leaders to consider both sides.

When you become a leader, [complainers](#) will appear at your door right away. They are unhappy. It's always someone else's fault. As the leader, they believe it's your job to set matters right by agreeing with their point of view and punishing the people who have done them wrong. And they want you to do it right now. They do not want you to ask clarifying questions or to consider other perspectives. They want you to act impulsively on their distorted perceptions and impassioned demands. You will be tempted to fall for this because their pleas are designed to make you feel powerful if you act—and impotent if you don't.

Remember this. The positive, successful people in your organization may occasionally ask for your help, but they will almost never complain. They understand that complaining is a waste of time. They rarely get their feelings hurt. They are too busy getting the work done. The people who complain are flawed. You should listen respectfully and accept their feelings, but you should never reach a conclusion before obtaining and considering their perceived tormentors' perspectives. This is a discipline many leaders never master.

We expect leaders to think critically.

Like everyone else, leaders get to choose what to believe, and we can change what we believe. Moreover, we can and must choose how to decide what to believe. While we have the right to believe whatever we wish, we do not have the right to be taken seriously.

As a member of the SOMC healthcare team, you have elected to work, serve, and lead in a scientific enterprise. Your decision means you are obligated to embrace professional beliefs based on the best available evidence instead of pseudoscience or political, tribal nonsense. The COVID pandemic reminded all of us that human brains are belief sponges and that brains prefer the easy embrace of our group's beliefs over the hard work of thinking for ourselves. We also rediscovered that our

beliefs instruct us how to feel and behave. And we observed that the less evidence humans have for a particular belief, the more vigorously we defend it.

The people we serve are depending on us to choose our professional beliefs and base our healthcare recommendations and interventions on evidence, not a conviction. Become a critical thinker. Challenge your colleagues to do the same.

We expect leaders to grow thick skins.

Leaders take heat for two things—doing the wrong things and doing the right things. If you cannot tolerate criticism, get out now. If you are thin-skinned, you are going to lose sleep and your life as a leader will be miserable. There is no shame in this. Not everyone is built for leadership.

If you intend to survive and thrive as a leader, you will need to develop a [thick skin](#). This does not mean you need to turn yourself into an insufferable, indifferent jerk. It does mean that you will seek to be respected instead of loved. It does mean you will press on with what needs to be done despite how you feel and how others feel about you. It means you will seek to create a work environment where the stars can flourish and the slackers and malcontents are unhappy and resentful. You will never enjoy this unpleasantness, but it is the price you will willingly pay to achieve results.

We expect leaders to be on time.

There are two kinds of people in the world—those who are usually on time and those who usually are not. The people who are usually on time are usually annoyed by those who are usually not. Everyone is annoyed by leaders who don't show up on time.

There is no need to take this to the extreme. We serve human beings. Stuff happens. Everyone understands that. But people also understand that if you are usually late, it is because you are putting your own needs, wishes and desires over theirs. They correctly perceive you are being disrespectful. This is a low leadership bar. You can clear it. Be on time most of the time.

We expect leaders to be prepared.

At this point in your career, you've doubtless attended your fair share of worthless meetings. Have you figured out why those meetings were worthless? It's because the people who attended them were not prepared to do anything worthwhile there. We physicians are among the worst at this. We show up with nothing but our frustrations and the delusion that the other people in the room will be honored to listen to us drone on about whatever we are thinking or feeling at the time. And physicians are certainly not the only offenders. It's no wonder that most people consider meetings a waste of time.

Leaders take heat for two things—doing the wrong things and doing the right things.

You can do something about this. [Prepare](#). Focus relentlessly on results. Agree on tasks, timelines and accountability. Ask simple, clarifying questions. Cut off pontificators good-naturedly. Stick to the agenda. Consign general comments to the end of the meeting when people are too worn out to ramble on endlessly.

We expect leaders to pull their weight.

You will come across a good many leaders who genuinely believe their job is to do as little actual work as possible. These ersatz leaders delegate everything that is not easy, simple, quick and fun to their assistants. They view themselves as the thinkers. Lesser lights are the doers. This approach to leadership will transform you into an object of scorn at SOMC.

We understand that most people live their lives wanting to do what they feel like doing.

Don't even think of protesting that you are not computer literate. Read and answer your email daily. Learn to text if you don't already do so. Create your own presentations. Draft your own letters. Write position statements. Place the call yourself instead of keeping your colleagues waiting while your assistant transfers the call they placed for you. Read a book and summarize it for your colleagues. Google it yourself! [Pull your weight](#).

We expect leaders to complete their documentation on time.

There are two kinds of physicians in the world—those who usually complete their documentation on time and those who usually don't. And the slackers always claim they are too busy saving lives to be bothered with the mundane tasks of careful documentation. They have said this so often that they actually appear to believe this nonsense. Everyone else knows the truth. They are just disorganized and lazy.

You will not be able to confront your colleagues for their shortcomings if you behave the same way. Completing your chart work in a timely fashion is perhaps the easiest way you can lead by example.

We expect leaders to deliver on their commitments.

It is tempting to tell people what they want to hear. People want leaders who will do that. But then they actually expect those leaders to deliver on those promises. That's the rub.

SOMC leaders take a different approach. We aspire to under-promise and over-perform. We avoid making commitments until we are fairly certain we can [deliver on them](#). We ask clarifying

questions. We request some time to look into the matter further. We inform petitioners that we must make a compelling business case first. But we don't drop the issue. We do deliver on our promises to get back with folks even when the answer is not the one they want to hear.

We expect leaders to be passionately engaged in lifelong learning and teaching.

It's a fact. Students and residents slow you down. There is no money in teaching. There is some prestige and another title, but the effort expended produces meager returns unless you include personal satisfaction, lifelong learning and professional growth. But then, those are the things that matter most in life, aren't they?

Contact your colleagues in SOMC Medical Education and offer your services. Tell them about your special professional interests. We are always looking for excellent presenters and preceptors. Naturally, you cannot teach effectively unless you are a lifelong learner. Our colleagues-in-training have clarified and documented their expectations. You can know exactly how the best faculty members engage them. All you have to do is ask for a copy of their feedback.

We expect leaders to field the best-available teams.

You first learned this on the playground. You learned it again when you played organized sports. If you want to win, you must [field the best-available team](#). When the game was on the line, the coach put the best team in. But that reality is lost in most organizational environments. Once having landed a job, people expect to keep it as long as they want it no matter how well they perform.

Your job as an SOMC physician leader is to field the best-available team. This is the hardest part of leadership. You must trade up when you can. Those people whom you cut will hate your guts

the rest of their lives, convinced that you treated them unfairly. It's tough. And it's your duty.

We expect leaders to document and continuously improve their key processes.

The best way to get high-quality results time after time is to follow an evidence-based process every time. We physicians know this. Yet we don't want to practice "cookbook medicine." We want to do it the way we were trained. We want the freedom to innovate as we see fit. Just like everyone else, we want to do what we feel like doing when we feel like doing it.

Those people whom you cut from the team will hate your guts the rest of their lives, convinced you treated them unfairly. It's tough. And it's your duty.

The best way for physicians to document and comply with evidence-based processes is to design and use order sets and [checklists](#). We expect our physician leaders to champion these. Please embrace these tools and use them to improve patient safety and quality at SOMC.

We expect leaders to create and sustain high-performance teams (HPTs).

When you have assembled the best available team, your next challenge is to create a workplace environment where that team can become and remain a high-performance team (HPT). SOMC is a team of teams, and our exceptional teams are the foundations of our quest to be the best.

Leaders cannot simply appoint high-performance teams. These extraordinary teams emerge when they become passionately engaged in tackling a challenging problem that only an

HPT can solve. But leaders can promote the development of these teams by creating and sustaining the organizational culture where they can arise and thrive. Your mission as an SOMC leader is to become an HPT expert and provide the guidance and support your teams need to transform themselves into HPTs.

We expect leaders to market themselves and SOMC.

It is sad but true. Complaining about Portsmouth is the favorite past time here. Many of us have allowed ourselves to become convinced that things are always better somewhere else. This pernicious small-town notion inclines those so deluded to feel inferior, to fear competition and to lapse into negative whining at every opportunity. This attitude is rendered more enervating by the common physician assumption that only billboards and

television commercials can help them overcome the community's suspicion that any physician who chooses to live here must be inferior.

We believe that energizing discomfort is the nourishment human growth demands.

SOMC leaders don't buy this for a minute. Of course, no place is perfect, but we feel privileged to work and serve here. You will not find a better hospital anywhere in rural America. Many of our services are world-class, and we have the evidence to prove it.

Our successful physician leaders have figured out what to do. First, practice quality medicine. Second, provide world-class service to your patients and colleagues. Third, get out into the community and market that. Talk at Rotary and the other service clubs. Speak at church groups. Go on the radio. Get involved in community activities you love. While you are at it, talk up SOMC and our colleagues. These are the keys to our success. [Word-of-mouth marketing](#) is the answer here.

We expect leaders to embrace discomfort.

We understand that most people live their lives wanting to do what they feel like doing, and not wanting to do what they don't feel like doing. We understand that the average physician is no different.

But SOMC leaders aspire to be different. We aspire to embrace discomfort personally and to create it in the [workplace](#). We intend to create energizing discomfort. We do *not* aspire to create paralyzing discomfort. We believe that discomfort is the nourishment human growth demands.

We expect leaders to be compliant.

Health care is a highly regulated industry and the regulations just keep coming. There is something about human nature that itches to cut through the red tape, game the system, take shortcuts or even cheat outright.

[Compliance](#) is the rule at SOMC. We are a highly competitive bunch, but we want our success to be real. We want to see accurate numbers, even if they are disappointing or embarrassing. We also follow the SOMC policies and procedures that ensure fairness even when these regulations try our patience. When making decisions, compliant physician leaders always put the needs of the organization above their own. If they have a conflict of interest, they divulge it. Make it clear to everyone you work with that you will not tolerate noncompliance. And mean it.

We expect leaders to understand, embrace and improve the SOMC leadership culture.

If you are serving in a leadership role for the first time, read [The Leadership Test](#). This little book

provides a wonderful introduction to the kind of leadership culture we aspire to create and sustain at SOMC. Become familiar with the [SOMC Rules of Engagement](#), [The SOMC Way](#), and our [Code of Conduct](#). If you do not have a copy of The Portable Mentor for Organizational Leaders, you can read chapters online [here](#). Subscribe to the [SOMC Leadership Blog](#) and join the conversations there. Study the [SOMC white papers](#) on the Web. Read Jim Collins' [Good to Great](#). Quint Studer's [Results That Last](#) has strongly influenced a number of SOMC leaders. [The Wisdom of Teams](#) is a business classic that served as the inspiration for the Leadership Teams that oversee most of the service lines at SOMC. If you enjoy thought-provoking articles, read [HBR's 10 Must Reads on Leadership](#). This is a collection of influential papers that originally appeared in the Harvard Business Review. Read the best sellers, [Crucial Conversations](#) and [One Minute Manager](#). Click [here](#) for copies of previous SOMC BookNotes summaries of books that SOMC leaders have found thought-provoking. Finally, the best way to understand the SOMC leadership culture is to immerse yourself in it while learning from those SOMC colleagues at every level of the organization who have built this culture and are striving to sustain and improve it. It's okay to ask for help. In fact, it's the only way to lead.

Thank you again for choosing to serve and lead at SOMC.

In Appreciation

A number of SOMC leaders read and commented on early drafts of this white paper. I am grateful to the following leaders for their helpful suggestions.

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Approval

This white paper was initially approved by the executive staff for distribution to all SOMC physician leaders and online publication on January 31, 2012. The executives approved the first revision on October 15, 2021.

Some SOMC Leaders' Reactions

"This is an excellent guide for any physician leader and can serve as a survival handbook for new (as well as old) leaders."

- Vincent Scarpinato, M.D., Senior Medical Director, SOMC

"It is accurate and provokes me to reflect on how I stack up against these expectations."

- Vicki Noel, Vice-President for Human Resources, SOMC

"This is excellent! This is not only for physician leaders but administrative leaders as well. Having our expectations of one another clearly outlined makes it easier to hold one another accountable."

- Rebecca Fite, Administrative Director of Medical Staff Services, SOMC

"This white paper puts the pieces of the puzzle together that you have been blogging about for some time. It's an honest and forthright reflection of the leadership challenge at SOMC."

- David Richard, Manager, Administrative Director of Accreditation and Research, SOMC



About the Author

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