

A New Generation of Leaders

Value systems, work ethics, and expectations can clash when younger physicians join a practice headed up by “mature” doctors. Learn what makes each group tick, and how physicians—regardless of generation—can work more effectively together.



MARK SLIDELL, MD, IS MIDWAY through his general surgery residency at Georgetown University Hospital in Washington, DC. He has taken two years off to acquire a master's degree in public health and focus on surgical outcomes research, then he'll return for the final three years of training. He considers the extra education "another arrow to add to my quiver, an additional strength to offer."

At 33, Slidell is a Generation Xer; he entered medical school later than most of his fellow residents. When he completes his training, he'll be an asset to any practice or program. And like most Gen Xers—particularly those in subspecialties—he'll be heavily recruited.

Several years ago, medical practice and hospital leaders began taking note of the "new breed" of physicians entering the market. They also realized that predictions of a physician glut were proving untrue. Recruiting picked up and competition increased for the new Gen X physician similar to Slidell. But like the latest technological equipment that every physician "has to have," many practices recruited Gen X physicians without thinking through how best to use them. And unlike laparoscopes, humans don't come with training manuals on CD-ROM. Many older physicians weren't sure how to manage these

young physicians, so they avoided issues and made assumptions. Often, conflicts arose. The young physician felt misunderstood; many simply moved on.

"One of the biggest hurdles to overcome for the generations is a lack of understanding of each others' value systems," says Cam Marston of Charlotte, North Carolina, a workplace generations specialist and the author of the book, *Motivating the "What's in it for Me?" Workforce* (Marston Communications, 2005). And neither the older nor the younger group communicates readily about the issues. "It's unspoken; they just walk away, scratching their heads."

National practice management consultant Judy Capko of Thousand Oaks, California, confirms this is how physicians handle generational, as well as other conflicts. "I have experienced where the troublesome physicians just stick their heads in the sand to avoid confrontation," she says.

Distinctions uncovered

Marston offers the "beeper at the hip" as a classic example of generational differences. Doug Lundy, MD, a young Boomer orthopaedic surgeon with Orthopaedic Center of the Rockies in Fort Collins, Colorado, agrees. "It's well known that younger physicians don't want to take call as much," says Lundy. He specializes in trauma, and taking call goes with the territory.

Brigitta Robinson, MD, a Gen X general surgeon with Associated Surgeons MD, PC in Denver, says

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Tips on Bridging the Generational Gap

- ✓ Experienced Gen X physicians advise looking for balanced leadership in a practice. If one person dominates and the group doesn't cultivate younger physicians, that's a warning sign.
- ✓ A physician should not be afraid to ask in the interview how the group's or hospital's physicians handle conflict resolution. Interviewees should look for regular constructive ways of dealing with differences.
- ✓ If an older physician is looking for a new position, the recruit should show that she can be flexible and is willing to change.
- ✓ Meetings to help young physicians network with one another and establish their own referral relationships can be a plus. These relationships are important to the physicians themselves and to the future of the hospital.
- ✓ Conduct regular meetings on conflict and generational issues that are not part of scheduling, board or other meetings. The first meeting should be held within three to six months of hiring a new physician. ■

THE NEW GENERATION OF LEADERS

Continued from previous page



Elyse Seidner-Joseph, MD, says young physicians should respect how the older physicians do things, but that older physicians shouldn't be dinosaurs either. She's a Boomer physician with West Chester G.I. Associates, PC in West Chester, Pennsylvania. She says senior physicians can learn efficiency from younger colleagues who aren't tied to routines.

younger physicians today often “ask for fewer hours but expect more money.” This is largely due to a core commitment to lifestyle vs. profession. Health-care consultant Rebecca Anwar, PhD, agrees. “Younger physicians want a life outside medicine,” says the co-founder of The Sage Group in Philadelphia. Yet they also have financial obligations. They may be married—even to another physician with debts.

Gen X physicians enter practice with technical savvy typically unmatched by their older colleagues and though loyal to principles, they are less loyal to organizations. This puts even more burden on physician leaders to understand and embrace their differences and values.

Preventive strikes

Sure, there is a lot to consider when entering the first practice opportunity. And all agree Gen Xers differ from previous generations in their approach. “I recently got an e-mail from a placement agency advertising a young Ivy league-trained orthopaedic surgeon who has a boat and must live within 30 minutes of a nice-sized body of water,” says Christine Stuppy, the director of business and strategic planning at Sibley Memorial Hospital in Washington, DC. Though Stuppy admits that the lifestyle request might turn off some older physicians, as a Gen Xer, she thinks it's great.

John-Henry Pfifferling, PhD, says today's average graduating resident negotiates differently. “Most expect to be employed and are not immediately prepared to be a partner. They do not come in with the expectation of ‘sweat equity’ that they would have if becom-

THE NEW GENERATION OF LEADERS

Continued from previous page

ing a partner. This leads to differences in expectations,” says Pfifferling, the founder and director of the Center for Professional Well Being (www.cpub.org) in Durham, North Carolina.

Pfifferling says it's not unusual for young physicians to seek help with negotiations. “For instance, if the young physician feels strongly about not wanting to take call for a few months until he or she is comfortable with it, we tell them it's okay to openly discuss the issue,” he says.

Even before negotiating, careful evaluation of a group or hospital's generational make-up and culture can help a physician decide if the group's make-up is right. Marston says, “Look at the current physician mix and realize what you're getting into; look for some peers.” Robinson agrees. “You just have to feel like you fit in,” she says. She has seen young physicians come and go because they did not take the time to figure that out in advance.

Some Gen Xers are reluctant to make a long-term commitment today, says Pfifferling. And as many as 11 percent of today's locum tenens physicians are among the youngest age group. “They're test driving practice situations while temping,” says Kurt Mosley, the vice president of business development of Merritt, Hawkins & Associates and Staff Care Inc. in Irving, Texas.

Thinking out loud

Even with advance work, generational issues can arise in any setting where physicians of varying ages work together. “Generational conflicts are everywhere, in almost every practice we visit,” says Pfifferling. His nonprofit organization helps practices resolve conflicts. He says al-

Continued on next page



Mark Slidell, MD has taken a break from his general surgery residency at Georgetown University Hospital to acquire a master's degree in public health and focus on surgical outcomes research. He considers the extra education “another arrow to add to my quiver, an additional strength to offer.” Such a strategy is typical of a member of Generation X.

THE NEW GENERATION OF LEADERS

Continued from previous page

The Generation Beat

Understanding each generation helps physicians work together. The generations follow fairly distinct characteristics when it comes to work and lifestyle. Each is affected by historical and social events that shape its members' values and beliefs.

MATURES — *born before 1945, turning 61 or older this year*

Often called Traditionalists, the Matures actually are a combination of two generations, the Veterans (1901 to 1924) and the Silent Generation (1925 to 1942). They make up about 30 million Americans and only about 5 percent of the overall workforce. Yet 19 percent of active physicians in 2003 were age 65 or older.

The oldest of the Matures remember the Great Depression. Many also fought in World War II or were children during the war. Matures are known for company loyalty, patience, conformity, productivity and a "we first" attitude. They value national pride and sacrifice, and they point to military and historical figures as their heroes.

At the office, people in the oldest generation believe that hard work and "climbing the ladder" made them successful. They believe that authority equates with tenure.

Picture John Glenn, Charlton Heston, or the senior family practice partner who begins many sentences with, "We founded this practice based on..."

BOOMERS — *born from 1946 to 1964, turning 42 to 60 this year*

The Boomers still represent the largest number of Americans at 77 million strong. They're slowly losing their hold on the workforce and management in particular, representing about 45 percent of all jobs today. They make up from 50 to 60 percent of the physician workforce.*

Formative events for this large group include

the Civil Rights movement, several historical figures' assassinations, Woodstock, and the Vietnam War. They're competitive people into personal development and teamwork.

Heard of a workaholic? The term was coined to describe the Boomers. This is a group dedicated to strong work ethic often measured by number of hours put in. They wear their success on their sleeves and frame it on their walls. Some are becoming disenchanted, seeing that their work ethic hasn't paid off and they've missed out on critical parts of their lives while giving 110 percent to the company. They may approach the second halves of their lives with a different focus.

Picture Bill Gates, Oprah Winfrey, and the overachieving head surgeon who likes to take everyone under her wing. In fact, she'll take on everything...

GEN XERS — *born from 1965 to 1978, turning 28 to 41 this year*

When Gen Xers entered the scene, they got labeled with unflattering characteristics such as unmotivated, lethargic, irreverent—the slackers. Yet these 45 million Americans now make up about 40 percent of our workforce and are moving into leadership positions. They probably represent 30 to 40 percent of the physician workforce and their numbers are growing.

These are the Boomers' children, which may explain their natural suspicion of Boomers' values. Most Gen Xers were raised as their parents' "friends," giving them a new take on workplace authority. They're skeptical, pessimistic, even cynical. Gen Xers don't have those common heroes of previous generations and they have trouble recognizing authority, at least without a lot of proof. Once they have it, they'll be loyal to people, but not necessarily to the company.

But you still can count on the Gen Xer—a self-reliant worker who carries a "carpe diem"

attitude. Since people in this group remain pessimistic about the future—after all, consider some of their formative events were Watergate and the space shuttle Challenger explosion—they tend to focus on the short term.

Primarily, Gen Xers value time above all else and they freely buck the Boomer work ethics, causing some conflict, but scoring a few workplace converts.

Picture Michael Dell, Julia Roberts, Tiger Woods, or the male junior attending who took family medical leave when his baby was born.

MILLENNIALS — *born from 1979 to 1988, turning 17 to 26 this year*

This group often is called Generation Y, as the sort of "spin-off" to Gen X. This population group is gaining on the Boomers, at a total of 75 million Americans. Though they only make up about 10 percent of the workforce—and even less of the physician workforce—they're up and coming.

Millennials often are called the "coddled" generation, also raised as their parents' friends, but formed by events such as the Oklahoma City bombing, Sept. 11, and the Internet/technology boom. Born in a world of laptops, cell phones, and remote controls, they have trouble focusing on anything nonstimulating.

Though they spun off from Gen Xers, they differ in many ways. Millennials tend to be more optimistic and they actually think Matures are pretty cool, often searching for an older mentor to help them achieve their goals. They want open, constant communication and positive reinforcement. Although they are individualistic, Millennials also are group oriented. They're ambitious and bright, but may come across as aimless, especially if they postpone career and other major decisions.

Picture Prince William, Barbara and Jenna Bush, Venus and Serena Williams, the new resident in the program.

THE NEW GENERATION OF LEADERS

Continued from previous page

though generational problems are not an overt reason why his organization is called in, they commonly are an underlying problem behind physician conflicts.

Much of the discord boils down to incorrect assumptions and lack of communication. "You're assuming that these people are here for the same reasons you are," says Marston. So how does the new recruit handle feeling misunderstood? It helps to remember the old adage about first impressions. Michael Simon, MD, a Gen Xer who started practicing with a large anesthesia group in Poughkeepsie, New York, at age 29, says he got sage advice from the practice's senior partner. "He told me not to go in and be a hero. He said, 'don't act like the cavalry riding in on the white horse.'"

Simon's approach was right on, according to Marston, who advises spending time listening, playing by the current rules, and proving oneself before jumping in to change things. "Nobody likes a renegade or cowboy," Marston says. Mosley points out that each generation has something to offer the other and in time, those exchanges will occur. "Young physicians can learn from older physicians about patient rapport and hospital politics. They can teach older physicians efficiencies and some new technologies," he says.

Elyse Seidner-Joseph, MD, says young physicians should respect how the older physicians do things, but that older physicians shouldn't be dinosaurs either. She's a Boomer physician with West Chester G.I. Associates, PC in West Chester, Pennsylvania. "It's been harder for physicians in their

50s and older to get used to seeing more patients in a shorter amount of time under managed care," she says. Seidner-Joseph says senior physicians can learn efficiency from younger colleagues who aren't tied to routines such as consulting patients in an office, then walking on to the exam room. "It's more efficient to take care of everything right in the exam room," she says.

Mosley offers a great example. "I was meeting with a traditionalist [mature] physician who had just recruited a Gen X physician to join his practice as partner. He told me, 'he is a great physician but he scares me. It's not his clinical skills; it's that he wants to be so efficient with his time, use PDAs, go paperless, electronic with everything. I told him I'll make the whole office paperless when I make the restrooms paperless.' But six months later, I went back and the older physician was using a PDA with pharmaceutical access. He said it was so efficient they had opened up slots in their patient schedule," says Mosley.

The physicians at Lundy's Colorado practice try to encourage open communication right away. "We remind new physicians that unlike residency, they don't have to be bulletproof. We're all on the same playing field and we want them to come to us for help. In residency, you build a sort of wall and get the message that asking for help is a burden. Here, we let them know that it is not."

Pfifferling says that's a start, but that some new physicians still are too affected by residency to seek help. He added that many young physicians are looking for respect and not getting it. He says colleagues of different gener-

ations can effectively talk about clinical and business issues by "thinking out loud." Each physician simply talks openly about how he plans to handle situations.

For example, the young physician may go to a senior physician and say, "I've been having trouble with referrals from Dr. Smith; the staff says he only will refer to the clinic on the days you're there. I'm thinking of spending some time with him after the medical staff meeting Tuesday to schmooze a little and talk up my skills, then follow up with a visit to his office if he goes for that." Here, the young physician took charge and clarified his thought processes on the issue instead of just asking the older physician how to handle the situation.

Thinking out loud beats asking for help because senior and young physicians begin sharing ideas and clarifying thoughts rather than asking and forcing a "right" or "wrong" answer. It also overcomes some assumption hurdles, fostering an atmosphere of openness and tolerance.

Taking the lead

To effect change in the practice setting, a young physician may need to work into a leadership role. Marston advises senior leaders to consider young physicians' opinions early. However, Pfifferling cautions the new graduate not to jump into the formal role too soon. The best solution may be to shadow a physician leader for a few years while getting used to practicing medicine.

Simon, the Poughkeepsie anesthesiologist, now serves in a practice leadership role and on several hospital committees. "There is a period in

THE NEW GENERATION OF LEADERS

Continued from previous page

which you have to prove yourself, both your clinical and management abilities. If you work with a fairly forward-thinking group, then you can run with it once you've proven your organizational and clinical skills," he says.

Of course, equal footing at the other end of the generational scale helps young physicians get involved too. Lundy says his group works well together largely because the older physicians play according to the rules they set. "Even those physicians who are buying out in five years vs. 20 years like me are doing what is best for the group. If everyone had their own agendas, it wouldn't work."

Many older physicians believe that since they made it on their own, the new physician can do the same. Marston tells young physicians they probably will have to take the lead in establishing mentoring relationships. "Say to the senior physician, 'I want to contribute here. I'll set up the meetings so we can get together.'"

Sharing gifts

Seidner-Joseph says her practice normally values young applicants "because they're not so entrenched in doing things their own way." Senior physicians mentor young colleagues and governance works largely on consensus. Simon agrees, saying his group has added recent graduates to complement the older physicians and "is happy to have diversity." In addition, if the patient mix in a practice's market is changing, having young physicians may be a selling point.

With efforts to push thinking out loud, mentoring, and sharing ideas, Gen X physicians can help older col-

leagues realize the younger physicians' value. ■

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