

choice. Those who undergo the transition devote many hours to assessing the impact of a major change on all aspects of their lives and those of their families. There are no quick and easy rules to follow; no shortcuts to the "right" decision. But while the choices made by one family don't necessarily work for another, certainly the issues they confront, and the process they use to arrive at a decision can serve as a starting point for others grappling with similar concerns.

Physicians on the verge of making a change may want to consider obtaining the perspective of physician who has already completed the shift, particularly since some of the pros and cons don't completely emerge during the first year or so of a move.

And after the decision is made? "Don't hold back," urges Katterhagen. "Don't let yourself think, well if this doesn't work I can always go back to practice, because it won't work. Keep your goals in mind and keep at it."

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VOICE OF EXPERIENCE

An Ex-Medical Director's Suggestions

Dr. William Dugan, former medical director of Methodist Hospital of Indianapolis, believes that in general, medical oncologists are "eternal optimists," and as a result, may not always be tuned into the kinds of things that create problems for physician executives. Because of his experience, we asked him to use his hindsight to summarize the pitfalls of the position, and offer some advice to would-be physician executives.



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Commenting on pitfalls, Dr. Dugan observes, "There are three main things that create problems for physicians in administration. First, most physicians are used to being the captain of their fate, and are unaccustomed to, as well as uncomfortable with, bureaucratic rules of operation.

Second, by the very nature of what we do as physicians, we expect 'instant fixes' to solve problems rapidly, and have little experience with the workings of the bureaucratic process. It's important to be patient and learn how to function within the hierarchy.

Third, I believe strongly that long term success is not possible if you report to someone too far down the ladder. Your position in the organizational structure is extremely important, the closer to the 'king,' the better."

Dugan also had some recommendations for potential physician executives:

"Report as close to the 'king' as possible. If you can't report directly to the top, try to report to an effective executive, because even a 'king' can be of no help if they're not effective. Physicians are particularly vulnerable to being run over in administrative situations, and not even knowing it happened. A lot of bureaucratic red tape and frustration can be overcome if you report to an effective 'king'."

"Your program needs to have at least departmental status, with a budget and staff and the ability for you to vote with other program directors. You need visibility. For example, our Community Oncology Program (COP) reported to an effective administrator and received tremendous support during the period of the award, but it never achieved a separate status. It didn't appear anywhere on the organizational chart. So, when the grant funds ran out, the program disappeared."

"Also, you need to develop administrative skills. Skills in running meetings are particularly important. Be proactive in learning these skills and becoming an effective meeting manager."

In any situation, Dugan says, "You should look at a move as an opportunity to accomplish something. That is the main reason for making any professional move." ■