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Thomas Gilmore, Vice President, CFAR (Centre for Applied Research), Adjunct Associate Professor of Health Care Systems, The Wharton School. He has decades of experience in consulting to private industry, large non profits, and government. He works extensively in higher education, academic medicine, and with professional associations on issues of leadership, transitions, strategy and organizational change. Mr. Gilmore received his B.A. from Harvard in 1966 and a Masters in Architecture from the U. of Pennsylvania. He is a Senior Fellow of the Leonard Davis Institute of Health Economics, and a board member (and founder) of the International Society for the Psychoanalytic Study of Organizations. He has written extensively on issues of organization, management, and leadership, including his book, *Making a Leadership Change: How Organizations and Leaders Can Handle Leadership Transitions Successfully*. His most recent publication is a chapter, "Tools for Effective Transitions in Large Group Processes" (with Debbie Bing), forthcoming in Bunker and Alban, *Large Group Methods: For Community and Organizational Change*. Jossey Bass, 2006.

## Challenges for physicians in formal leadership roles: Silos in the mind

Health care systems are among the most complex organizations, facing a wicked intertwining of rapid change in knowledge, cost pressures, increased demand for access, evidence based medicine, and more connection with patients and their families. Within this world, physicians are called to take up formal leadership positions as directors of quality, chief medical officers, section or department chiefs, deans of medical schools, and senior leadership positions in practices, hospitals, and health systems.

Because their training inculcates values of autonomy, learning from experience, and professional distance, physicians see a team (managerial) approach as 'other' and distance themselves from those colleagues who take up formal leadership roles.

The consequences are ambivalence and splits, both among leaders and within individuals who accept such leadership roles. It creates silos in the mind, in which the different bodies of knowledge (first order skills of being a physician) are kept too separate from leadership and management skills, which are too often denigrated. Yet many of the current challenges require closer linking of substantive medical knowledge with sophisticated organizational and managerial knowledge to invent and implement new systems.

Working with case material from US Academic Medicine, which socializes the majority of US future generations of physicians, the paper will explore the consequences and some of the challenges of linking these bodies of knowledge in the service of meeting the adaptive challenges facing health care.