Do This Not That_Bhagwan Satiani (Raw Transcript)

SPEAKERS
Harjot Singh, Bhagwan Satiani

Harjot Singh 00:16
Hello healthcare leaders. Do you want to know how simple things you take for granted? mundane things that you think sometimes why do we even have to do things like board development? Things like your hospital board and why you need physicians on it? Or where did this whole thing start with physician leadership and physician leadership development? Now, these how two very different things, However, what if I told you, not only are they connected, but they can also be very powerful tools to engage physicians. So, while you're doing one thing, if you do it properly, you can also do a lot of physician engagement, which leads to what hospital profits, which leads to what quality, what safety. So, everything that you do that's connected to physician engagement can be done through these things, and you may not even know how to do it properly. So, for today, we have a treat for you.
We have an expert, who is a physician leader, but in many ways, he's a physician leaders' leader because he has found these things. And as we discussed today, you will see that it's just as important to know what to do, but also to know what not to do. And for somebody who has spent a whole career at this point, 50 years doing these things in the service of medicine and in the service of physician leadership.
We have a person like that here. Dr. Satriani, Bhagwan Satriani from Ohio. Welcome. I'm very proud to also know him as my co-author of these two books. You know, these books, we have talked about them and enhanced physician engagement, the twin books of strategy and tactics. And he has two chapters in it. One on board development, hospital board development, and how that is a solid opportunity for physician engagement, and physician leadership academy development, which itself is a very deep topic, and how that is an opportunity for not only physician engagement, but also long-term hospital sustainability. So, he has to and we'll talk about both of them today. Okay, so let's get going. Dr. Satya, and do you want to say something about your career before we get going?

Bhagwan Satiani 02:58
Well, the reason I came to these issues is because I had a physical problem with my neck. And I started look 10 years ahead, 15 years ahead, say what was and I love teaching. So, I thought, okay, how do I combine my love for teaching and physician development, I was doing this in private practice also, before I got to the academic medical center. So that was my issue, how to take my passion for teaching and developing physicians, versus making them capable of leading others. And my issue was, I was early enough to spot my weaknesses. The impetus for me was looking to see where I was, I found I didn't have the knowledge base. I didn't have the self-awareness to realize why I couldn't be a leader at that point. And I saw it and others, other physicians, so I thought, Okay, here's where I'm at. Here's what I'm going to do to put this into practice and develop physicians. So that's what started around the year 2000.

Before that, I was in the middle of teaching, but that's when the focus really hit. So that's, that's the start of it. As far as a career. I was in private practice for 24 years. And then our whole group moved into the academic center. And I cut back a lot because of physical issues on the practice bar. And then I started this faculty leadership institute at Ohio State for a department of surgery and the dean looked at it and said, Wait a minute, what about the rest of the faculty? So, I started this cohort of maybe 30 People, not all underrepresented positions. We had other people from Health Sciences, other people three or four or five a year. So that's how it started. And I stepped back and the end of 2018. Because I thought I had eight, or nine years, I wanted a younger person to take over and lead this forward. So that's where I got the, as far as the board. I think that I was the medical staff president of the hospital, which was merging, like we are these days, with another larger hospital to make a single health system. I was right in the middle of it. So, I learned a lot and saw bad and good leaders. And then at that point, I saw the need for physicians, and in fact, clinicians to be on the board. So that was the combination.

Harjot Singh 05:53
I think that it's a very humbling thing that you shared, that you looked at your weaknesses, things that you could not do, and that you needed to develop in yourself first before you could ask anybody else to do it. Yeah. So, when you're taught, by the way, what year, were you on the board?

Bhagwan Satiani 06:15
It was 1989. Four years, somewhere around there. 1989, I was president of medical staff before that, you know, we all go through different the whole hierarchy of going into positions, but at that point, I was in a state where we were emerging. And so, it was a really important time and place. And in fact, I was on the committee to get choose the next CEO. And so, I got to know the board members how to operate it. And what as physicians, we needed to do. And the one thing I heard openly from the Labor Board, I mean, nonphysicians was physicians weren't ready to be on the board.

Harjot Singh 07:05
So before you even started doing physician leadership, development, and others, you were on the board? That's very interesting. Because how did that feel to you? And people were saying, well, doctors are not ready

Bhagwan Satiani 07:23
When come out in plain language. But it was obvious when the vote happened this and that. They pretty much assumed you'd go along and say yes. Because there are several reasons. One is physicians are intimidated don't understand the rules. They don't understand what's going on. They just got there. You're on the board for two years before and two years afterwards. But it takes a year to figure out what the heck is going on? And then my experience was the CEO did not like to see him as a friend of mine. But he did not like to see the physicians buttonhole board members on their own. Okay, because they don't know for one thing, they are correct. They don't know what you're telling them. Whether you're telling them what's right or not. So that was the same thing they looked at you like, Okay, you're a great clinician, good doctor, but you know nothing about this.

Harjot Singh 08:27
So, let me ask you from the hardcore physician engagement perspective, your chapter, which is the roles of boards of trustees, how will or why would that chapter appeal to a healthcare leader? Who is seeking engagement from their doctors?

Bhagwan Satiani 08:51
If you look at the functions of a hospital board, basically the two major functions, the only two, one is to evaluate the CEO. That's the role. Number two, legally and ethically, they're responsible for the clinical care quality. Those are two of the important duties of the board. And if you expect the Labor Board, to oversee quality and not have great clinicians on the board, it's a real problem. And where boards go wrong, is where they don't have strong clinicians on board where they make mistakes. So now these days, you know, the legality is become an issue as far as not quality assurance as far as not looking over things. So not just physicians, but nurses, also who are experts in this area. So, for physicians, the way to get in a hospital board, other than ex officio where you're just the board position is because you're an officer in some capacity That's extra fishy because you don't have a vote. Yeah. So, you must really understand the quality and clinical care point of view, you don't have to have a degree in quality. But I think you must have good experience and knowledge of the area. Because they will listen to you, you just must be very solid in the facts and what's going on as far as the policies nationally are concerned.

Harjot Singh 10:31
in a way that a doctor brings technical expertise to the board. But how does this help doctors getting engaged?

Bhagwan Satiani 10:43
Because one, you're in charge of a major part of a system in the hospital, and all the physicians are affected by this right. The policy affects every physician in the hospital. So, if you're strong, or the person representing you is strong, the hospital looks at you to be their interaction with all physicians. Once you oversee that, you are basically the person responsible for engaging with physicians. So, the hospital feels closer, to physicians that are home because you're listening to your friends and other physicians, and they are listening to you. So that's a very powerful engagement measure for the hospital and the physician. This, in fact, is one area where I think the differences can be very small,
and gotten closer between the hospital and physicians.

Harjot Singh 11:44
And you also discussed that there are barriers to having doctors on the board. So, in fact, this is the first time I have read those barriers in such a detail, if any, but he's really looking for the legal issues around it, they should really read this chapter in detail, take notes, and even discuss it. I wish this chapter was read in boards themselves. So, this chapter itself is like something that, you know, is it like a book club thing that we read in a hospital board? So how did you come across these barriers? And how did you see them play in board development?

Bhagwan Satiani 12:29
Well, one of the things I was told, and I'm not an attorney, so the law might have might be changing, but in the hospital always good. If you look nationally, even three, or four years ago, the median number of physicians on hospital boards, nonacademic hospital boards, between one and two, the average is two and a half. The median is one physician on the hospital board. And you ask why is that? Why don't you have more physicians on the board? They give the reason that for a nonprofit hospital, not for profit. There are IRS issues. And, you know, Revenue Service Internal Revenue Service limits, from what I understand back then you couldn't have more than 40% the board as physicians back when I was there. I'm not sure what the rule is now. But the IRS kind of frowns on too many physicians, especially if there's self-interest. For example, if you own a company or something else, and as a conflict, you're a purchaser of services in the hospital, that kind of thing. So, they frown on that, but I don't see any reason why they cannot have more than one physician on a hospital board. Let's say the average board size is 10 or 12. That's 10%. There must be more pressure on physicians to have more clinicians on hospital boards really do. But they are excuses, one legal. And two, they don't feel that you are qualified to make those decisions on the board. Yeah. Besides the quality, you don't have to discuss a lot of business. Most physicians come in and look at the financial statements. They don't even know what they're looking at.

Harjot Singh 14:26
Yes, and that kind of like leads into the other chapter where which is about physician leadership development. Let's stick to the board right now. So, these IRS limitations are a problem and having physicians on the board. You also discussed, by the way, Sarbanes Oxley's limitations, which can be a huge problem as far as having physicians on the board.

Bhagwan Satiani 14:52
But that changed though, you know, even Sarbanes Oxley over the last 568 years since the law was passed, what are the 80s or something? What year was that?

Harjot Singh 15:03
I think 2000 to two wasn't too late

Bhagwan Satiani 15:08
Yeah, So that the other excuse that I mentioned in the chapter is that 2000 to 2002. When you get on the board, you are told that it's your fiduciary duty to represent the board, not the physicians or the medical staff. So that creates, what I call cognitive dissonance, you pretty much say it is I mean, you look at it, and you say, wait a minute, I'm here because I'm supposed to represent the physicians. And now I'm being told, no, you have a fiduciary duty, because you're on the board of voting members to represent the board. I'm thinking, okay. You know, I know which side my heart is at, what am I supposed to do? And that's where actually you get into trouble as a board member with a physician, you know, they can't cheat and say, you know, what we're thinking what our problem is. And you you're still voting this way, or that way, you must explain some limitations. But it doesn't stop you from speaking out nicely.

Harjot Singh 16:18
I See.

Bhagwan Satiani 16:21
That comes from knowledge, you must speak out for the physicians.

Harjot Singh 16:28
So, in the chapter, you describe in detail, how the leader of healthcare outfit data or not, can get doctors in almost like a pipeline to be on the board. So, in that process, what's the most important step?

Bhagwan Satiani 16:51
The board physicians in the board are basically nominated right, so the nominating committee of the board, mostly lay people are influenced by the CEO. So, the CEO must notice, not only which physicians and competent knowledgeable, have the right temperament to be on the board. And of course, they're looking for people who are more favorably inclined to the hospital. But at least you're fair. I mean, they must see that part of his knowledge, temperament, and fairness. And they're the ones that approach people to be on the board. And the way to do it. Start with small officers, and positions, get up to chair whatever department divisions you're at, run the quality assurance can be run the physician impairment committee. Beyond executive, we know that you've handled difficult problem solutions so that you can fairly resolve these and deal with them. I think that kind of makes you notice. And then the CEO and their staff came asking

Harjot Singh 18:00
I see. What do you think that like in older like MECFS, people would elect a leader to elect a president who will have like a two-year term, then they would go away and somebody else would come in? So, what do you think that kind of physician leadership presence is two years enough to learn what to do or not? What do you think?

Bhagwan Satiani 18:29
That's the way it was in my time. But I think the issue now is, with a lot of physicians being employed by hospitals, they still run elections, as far as I can tell, looking at it, but you know, they're heavily influenced by the WHO THE HOSPITAL wants in those positions. Right. I mean, there's voting going on. But I think hospitals have a position and whom they want. And that's kind of known. But those three things I mentioned, they're still in play. I mean, they still want to see somebody who's got the knowledge, he's got the temperament, and is going to be fair dealing with the issues.

Harjot Singh 19:17

In fact, your chapter on the board development has a very interesting take on how this process will also help the board become stronger if people from diverse backgrounds, not just training backgrounds, but also you know, ethnic backgrounds, or gender backgrounds have invited him.
Let me ask you to discuss this diagram you have in the chapter. And it's so interesting to look at this. And then it's almost like a snapshot. Yeah, tell us about this.

Bhagwan Satiani 19:57
So, this is basically the looked at the demographics in the hospital board. This way we did the survey, a medical student and I did this survey in probably 2012. Right. So, the data was from two, or three years before I doubted much has changed. I mean, if you look at faith-based versus so-called secular, not-for-profit boards. I mean, there is a difference, you can kind of see that on your screen. But as far as racial diversity has not changed. I mean, it's pretty much the same. But I bet you, if you look at the last five years, I think if you look back five years from now, look, at today's time, you will, you will have seen the changes like there is in the corporate sector. Okay, so, but I mean, there are certain restrictive things that are happening, and faith-based versus secular, the two systems run kind of differently, as you know,

Harjot Singh 21:04
Okay. But you see, what I'm impressed by is this, to see creating diversity as an opportunity, not as a problem, not as you know, it's just to control managerial behavior, or because if we don't do it, we'll get sued or something like that. Versus, look, this is such a great opportunity. And you can have people running the hospital, who are bringing their strengths to the table. But you must consciously do it, like you said, the CEO has to start doing it. And this is an opportunity to engage physicians of diverse backgrounds, as well. This is such an impressive diagram, this one this graphic, and this, if you look at it, it has this very strong message, at least to me.

Bhagwan Satiani 22:02
I think, that hospitals are pretty much following the rest of the corporate sector. Knowing really do I think you'll notice, as you know, you look at big corporations now. And you Right, yeah, I'm impressed by what you said, in the sense that, that you shouldn't want somebody to do it, because everybody else is doing it, or I want to look good, you know, kind of virtue signaling out there really is an advantage. Because they have different backgrounds. They think of things done differently, where they come from, or what they've experienced, it's a big plus. In my mind, it is my experience that is not going to be the same as somebody else.

Harjot Singh 22:49
You have already told, like many stories about board development and your experience in that. But was there something that inspired you to write this chapter? It's like, I'm even surprised that this chapter exists in a book on physician engagement. What inspired you to write this chapter?

Bhagwan Satiani 23:09

You're so right, you won't find much. I looked and look, my medical student and I looked and there just wasn't much. Not this stuff. And ACHE American College of Healthcare Executives, on boards. But even American College of physician leaders this, there's not much in fact, that's a great idea. I think I'm going to update this thing. But at General, I did, because I saw what was going on the board and for years. And I was thinking, you know, from for physicians, like you're talking about how do we get more physicians on the board, other than changing the mindset of the CEO, and impressing on them that it's to your advantage, that you need more clinicians on the board? So that's what impressed me, I thought we must get more people on it. So, I told my medical students to look, let's just look and see where we are right now. And I was struck. And I'm thinking median, one physician. Yes. And this is insane in this world, where all the work is done by physicians, and you have one person representing us on a board.

Harjot Singh 24:18
Yes. You make eight recommendations at the end, about what to do. And to me, the one that stood out the most was because I had never thought about that. Which is that doctors can shadow senior executives. Tell us more about that.

Bhagwan Satiani 24:40
That was my advice was for hospitals. Hospital CEOs and other people. They often say well, they're not ready. They're not ready. I said if you think somebody's got those three things, I mentioned why don't you have them shadow somebody? We do for master's in healthcare administration for executives, right? We do it for medical students. So why don't you go and have people whom you take half a day a week, have somebody shadow, a senior hospital administrator that's actually on the board? Show them what you do and how decisions are made. And the board shouldn't have a problem, have an occasional physician guest nonvoting, just see what goes on. They don't do it. But I think that that that was one of the probably the most important things that they can do. And if I were a physician, and I was looking at that position. That's what I would ask.

Harjot Singh 25:40
I ate one approach that you explain, but this one thing, which is such an innocent thing to do, it's like something that can open doors, the crack opens this black box of the board, do doctors, and say, why don't you just go shadow and doctors are used to shadowing people that's, like, such an easy thing to do.

Bhagwan Satiani 26:05
And the most important part for hospitals? If I go do talk to somebody, I'd say, hey, it doesn't cost you a cent. In fact, it may cost me because I'm taking half a day off my work and practice, right? Yes, so but I want to do this, I want to help you, I want to help the hospital. So, let's do it.

Harjot Singh 26:27
And these days, there is definitely a great interest in giving admin time to doctors. And admin time typically gets used for completing notes. But admin time can be used to develop doctors and doctors can do it themselves as well. You have a message for doctors to so we're talking so far to hospital leaders and CEOs and physician leaders. But you have a message for the doctors about how or what can be like a

brief checklist for a doctor who wants to sit on the board. Let's talk about this. Tell us, What is the most important thing in this checklist that you have in this chapter?

Bhagwan Satiani 27:11
I think the first one is what I mean, why are you doing this? It's like somebody a lot of physicians in my leadership classes always came up and said, Should I get an MBA for this? I said, why are you doing the same thing? You were probably asked when you went for your medical school interview, whatever. Why are you doing this? So, you got to look at your motives. I think once you convince yourself, this is what I want, this is my motivation. It's not the same as a labor person layperson wanting to get on the board a lot of their motivation is they want the prestige that comes with the appointment. You and I probably wouldn't care, we want to be there. We want to influence how hospitals make decisions, and how the quality part and clinical care are looked at. How are physicians treated as far as you know, the due process part of it, there are all kinds of issues why we as physicians want to be on the board. The other stuff comes later as far as you haven't the time. Because once you're on the board, you got to come then you got to commit but the time, it's not just the board meeting, if you've ever been on one, it's our spent looking at documents, looking packages that they send you at a time, you must be ready and learn about what they send you. To me, that's the number one question. If I were on the hospital board, I'd be looking at why. And yeah, and the rest falls into place.

Harjot Singh 28:53
This is such a great list. It's like you have to say like, yes. To all these questions. And really, it will send you on some soul searching, or learning and training process that this checklist can also be used almost like a CEO can use it and say, hey, doctor, you want to be on the board? Do you have the motivation? Why do you want to be on the board? It's almost like a board member interview before someone can be invited. I love this checklist.

Bhagwan Satiani 29:26
Yeah, and, you know, you notice looking at those tables didn't come from anywhere. This is just my experience. Just say okay, let me I made it easy for somebody to say okay, I don't have time to read this. Let me look up the list from a hospital and physician standpoint and see if this is doable. Do I really want to do this? I think there it is. And what will it take? Yeah, what is it going to take? This distillation comes down okay, this is the bottom line

Harjot Singh 29:59
Let's talk about the other chapter. Which is, this is like a nice segue because we're talking about not only physician development for the board but also physician development as a doctor, as a physician leader themselves. So why would that chapter interest a healthcare leader?

Bhagwan Satiani 30:26

The reason more physicians are doing this now than before, not one reason is several. In my case, it was, like I mentioned before, I just love developing physicians starting not on the clinical basis from residents and students, which I have for years. But one step up. The senior most person I had trained with fellows' vascular surgery, but this was a higher calling, as far as I was concerned, teaching them the way you said, well, why was the hospital be interested? The department chair started this. He said to me, you know, I don't have a succession plan. No, nobody here has a succession plan here. None of the department chairs. What do you think about that? He said, you've had this MBA degree, you know, loosely that talk. I was thinking to myself had nothing to do with graduate education. Right? Nothing?
I said, if you really want a good succession plan, you need a pipeline. You need a pipeline of people who are ready and willing to do this, well, how do I get there, so you got to train him, you got to train him, you got two options, you can go outside, right? Pay for it, send him out, you lose income time, and all this stuff, or intramural, develop inside is not as expensive. And plus, you can pick the kind of people you want. You can have local control; they don't have to travel anywhere. So that's, that's how it started.

Harjot Singh 32:18
You describe the whole story very well in the program. And I also run a small program called it while developing doctors into leaders, which is more of an introduction to leadership. But you went very deep into the hierarchy of doctors, the hierarchy of hospitals, and how to make it possible, not just from a money perspective, but also time and effort perspective.

Harjot Singh 32:51
How did you? What was the key to engaging? First, let's talk about engaging the leadership in saying we need to do this. What is what was the key to success there?

Bhagwan Satiani 33:03
I think, if you look at most hospitals, as you know, they do a survey every couple of years, and they look at different companies, you know, come in and do surveys, and they tell them, what's the score? What's the engagement score? How does it compare nationally? And so, ours was low. hasn't changed in two or three different surveys. And they were looking around, and you know how they go there. All right, well, let's give out some doctors, their gifts are, okay, now this. Yeah, it just doesn't work. So, my advice was, if you want people making decisions, you want better engagement. You got to have twin positions, put in positions with an influenced decision making. Physicians get upset when decisions are made when they're not part of the decision-making process. People don't know what they're thinking. And they shouldn't you don't ask them. You want buy-in, you just come in and say, Let's have these people buy into the decision after it's made. I think that's what irritates most physicians.
You know, no one buy-in asked me before you make the decision not afterward. And the only way you get it right. If you train people to understand why a decision is being made, what's the reason for those decisions, and then they can go explain to the rest of the medical staff from an engagement perspective, their peer coming out and telling them and if you have appeared in every subgroup, let's say I have a class of 30 put out and so a lot of them distribution will be entered. Looking probably got most departments over 80 to appear at least 20 people in each department. And most a lot of them ended up staying. So, think about it. You have a representative who's been trained at least two or three those each department there the people or the physicians will go to, for their answers. That's engagement. And so, they know they're connected to hospital administration, to those people that you have trained. So, and

conversely, conversely, the hospital administration, other than sending out emails or text messages, whatever bulletins don't work? Yes, you must have personal relationships. And if you have 1000 physicians on there, how do you get personal relations? You don't see, you've got to get enough people that you have confidence in that have been trained to communicate to those people. That's engagement.

Harjot Singh 36:14
Who can then have a personal relationship downhill have a chain? You see,
this, this has been a much longer process for you to develop. Yes. And we talked about motivation. What motivated you to continue doing this, I understand the hospital's motivation was to engage doctors, what motivated you?

Bhagwan Satiani 36:35
Pretty selfish, actually, I was seeing results. I was seeing the first couple of classes, the first one was just totally surgeons, because we started from the department surgery, then the next group, I was getting feedback from not only the departmental people, but people, one level up not the CMOS administration, but one or two levels up saying how these people have brought their knowledge and temperament. And they were giving feedback to their department, every time we would do something, they would go back to their department and report back in the minutes. And the department meetings, okay, this is what we're doing. So, you got feedback from candidates, people who had finished the class, saying, This is what I'm doing with, with what I've been taught. And we do surveys. So, we have a pretty good idea what people are doing, you know, we've got a database now, going back like 11 years now of these

Harjot Singh 37:43
You know, I read what people were saying, you had you describe that in chapter two. And now let's say you have a hospital setup, where there are 20 departments, 20 medical directors, and everybody's like, elected for a term of two years or so. So how do you know? Or how will the CEO who let's say, try to do this with the CMO? How would they know which medical director is going to be invited into this? Or they invite, and half of them are like, No, we don't want to do this. So how do you tackle at that level?

Bhagwan Satiani 38:23
First, somebody wants to do this, what I did was call around, okay, that time the only two or three programs around the country. So, I call around phone calls, trying to see how they put it together. There wasn't much reading-wise from physician leadership. So, then I put together from what I could gather and read a program a curriculum. And then what sessions were going to be on one side, a basic outline, I met with the chairs separately, and said, this is a proposal. This is how much it's going to cost. Your division department whatever they're going to pay for, for however many people you sent per person. And then here's why we're doing it. Are you in? Are you out? I mean, this is with no exceptions. Everybody said they would love to have this to have, and they were pushing to have more and more people. And the pressure was on me. Everybody said, Oh, you need more minorities. You need more women. You need more. And, I didn't have to finagle anything. Okay, you have great people around you. I do. Yeah. And so I put out a call for nominations. Okay. And the first year, we got like 6060 or 68 or something. So,

then I had a committee, not me, four or five other people we sit, we figured out how we're going to break these. We just graded them down and the top 30 Got in then we basically asked people the same question, why do you want to do this?

Harjot Singh 40:07
And 60 Out of how many 60 878 100? Okay, so, like 10% of people were invited him for this, and then 30 got selected.

Bhagwan Satiani 40:18
No, the email went out to everybody. But it's a commitment, as you read. It's a commitment. People, busy clinicians, people. Who is this that on the other multiple campuses, their physical limitations, too. So, I didn't expect that. So that's still quite a bit.

Harjot Singh 40:40
Yes. In fact, now it's easier. You can run some of it virtually. And then yeah, but back in the day, they had to actually physically,

Bhagwan Satiani 40:48
Actually, yeah, actually, yeah, for this program, we wanted the physical presence, because a lot of teaching is in between zoom for me during the COVID thing didn't work very well. Okay. This was a collective you know, the other advantage of doing this on a big campus, people got to know each other. Yes, people get to know each other. When you have a problem. You pick up the other leader who's been to the pro? Hey, can you help me with this? Yes, it was great, they all commented. You know, you couldn't say anything bad about somebody who's, who's been next to you. Learning.

Harjot Singh 41:33
Yes. And in. So, through the years, you have gone. And you describe in the chapter, how many different topics and chapters you tried, how many different variations, and then figure it out. These are the ones which are most important. So let me show you tell us about this diagram, which is about the program itself. So, let's take a look, which is the curriculum for the last year for the physician leadership. So, tell us about how did you get down to these topics?

Bhagwan Satiani 42:08
So, this curriculum wasn't a transitional curriculum? At the time I was leaving, and the new we were planning the new one. Okay. So, for example, change management, it's a very common curriculum topic. Now I look around, it's common. For somebody who's going to be a leader, you pretty much must understand when the need for changes, how do you encourage change? How do you deal with it as a leader, how to communicate the change and all these things that go with it. So, strategy is very common. I mean, it's in most executive-type programs. Decision making and a lot of physician's mistakes this for clinical decision making is not, it has to do with the actual, there's a little bit of science behind how

decisions are made, and problem-solving. So that goes with it. Negotiations, again, is a very common thing. And of course, that's personal as professional light. Communication is, again, very common. We use a textbook, we give out probably five or six, not textbook books during the year, starting with leadership. I changed a couple of books during the time, depending on, you know, what the pros and cons were in building is probably the most important one. And the one that, people appreciated the most, because we had in this thing, a person who taught them about their own leadership and communication style. So, they could figure out what they were about. And then taught them how to deal with people who have different personalities, and behavioral styles. So that was important. And that was a reading a book went with it. So, it goes on like that. It's pretty much bringing it down to 10 and loving topics. And then the final one was basically to have to do a project, a capstone project for the end of the year, where each team of five physicians would work together for two and a half months. And they would give me a couple of honors and prizes and things at the end. And we would invite executives and their chairs, people that come and listen. lawyer

Harjot Singh 44:51
So even more people to come in and listen to a participant Oh, I see

Bhagwan Satiani 44:55
when an auditorium is full of people wanting to know What they've done for the year are projects there.

Harjot Singh 45:04
I see. So, you mentioned some resources you use as the core. So, tell us about those.

Bhagwan Satiani 45:16
The problem always is finding the right kind of people that teach. Obviously, in some of those, I don't have the skills to teach it. So, I used some university faculty, probably three or four, in most academic, at least programs, you'll see they'll get everybody from the business school that's associated with it. They wanted that I said, no, I'm not doing that. I think you pretty much get the same textbook style. Teaching. You know, here's the thing. Here's the book no, I don't want that. Okay, so have the facilitators, I don't call them speakers, the column facilitators, the idea was to communicate and facilitate and not show a bunch of slides. Yeah, didn't want it. So, I invited five of those 11 or six, maybe we're from the consulting industry, or teaching or coaching or that kind of stuff, just people out in the real world, as I call it. And so I changed those based on feedback, if somebody wasn't communicating, and the most important thing for me was to talk or communicate with the person who's going to facilitate, to make them aware, this is what I want. Yeah, this is what I need. Here's what I'm going to hold you to, you know? Yeah, you have, you can't just give them say, Okay, here's the topic.

Harjot Singh 46:48
I think we got very deep into what happens during such an academy that's running, and how to make sure that the participants are engaged. And that return on investment is seen. And you were talking about the principles of how to teach adult learners versus even you can't even do that with children anymore. But yeah, it's like, sit down and remember your tables versus Well, let's figure out what are you going to do with that information. And starting like there. What books did you find essential to this endeavor?

Bhagwan Satiani 47:29
Probably the leadership, you've probably never heard of this book. I picked it because it's, it's small. And it's has not much theory in it. I can get you a six. Yeah, I can get you six books that have a lot of theory. And I mean, this is called leader as a match. Be familiar with a wrench part of it.

Harjot Singh 47:56
Okay, I know it. But please tell us what tell us about the match.

Bhagwan Satiani 48:00
It's a Yiddish term, you know. So, she's Canadian. And I ran across it somewhere. I started reading and I thought, oh, this is really good. It's very easy to read. But it makes the point. Some people say it's simplistic. I don't think so. I think it's motivational, as well as talking about leadership. You know, you need a little bit of a boat. Can't just speak hard science and topics all the time. So, teams, we use Lencioni's five dysfunctions of a team we use that negotiation, we use the faculty member who's got a book, he couldn't give out. We had him cheat and copy the two chapters I want. It's yeah. So mixed and matched about what kind of things I thought I was impressed with them. It's just us.

Harjot Singh 49:00
I think what you said earlier about, even doctors learning that other people are different from them. And they're still just as high functioning as they are. With all the differences in styles and behaviors, they can be just as effective. And in fact, it's a good thing to have someone who's different from you, then you don't want somebody exactly just like you.

Bhagwan Satiani 49:25
So, you know that that's interesting. You know, we, when we put the teams together ahead of the class, we didn't just randomly put them, okay. 530 people, I looked, looked at gender looked at ethnicity, you know, kind of looking at this with departments. For example, I would not put four surgeons in one group and four pieces. Now, I don't want that. I want people to get to know the other person because I know their behaviors are going to be different. So, I would put them in teams, to see What the interaction would be. And it's very rare that they had any problems. I remember one recall one team, one person wanting to move to another, but rarely, they got along. Well, they did. And that's part of teaching. That's part of leadership. You got to learn to respect the people on your team, you got to learn how to communicate and how to talk with them. And the most important thing is how to listen to them. That came out of it.

Harjot Singh 50:30
What advice would you give to a young physician? Is he we talked about leadership, and everything is fair game. Because I see that sometimes I meet medical students or residents, and there is a sense of despair, as opposed to excitement about what's coming in their careers and life. What advice do you give to a young doctor or medical student?

Bhagwan Satiani 51:01

First, don't be afraid. Don't be afraid, I would still encourage people who want to go to medicine? Absolutely. Do you ask me what I would do? Again, I do what I would what I did. So, there's change, learning to adjust. With change, you're going to have to there's just no way around it. But if you're in it for the right reason. And I will go back to motivation again. And I will ask you, if you're a young person, the most important thing in my mind, that you can do is write a personal mission statement. I wrote when 25 years ago, I know what it is. I know what was important in my life. And I'm sticking by it. You can change it if you want. But it's only six, seven sentences. I know what it is. That's important to me. So if healing, and taking care of people are important to you. Don't worry about the other stuff coming and happening. Because if you worry about it, you won't be happy. Right your own.

Harjot Singh 52:12
That is so important. And that's what gives meaning to life. Yeah. That's where knowing what it's almost like something that gives you a sense of direction,

Bhagwan Satiani 52:39
As well, that was important to me, to be a healer to be a teacher. I mean, those things besides the spiritual part of it. I mean, that's those are all things in my mission statement, and sticking by it.

Harjot Singh 52:51
I'm thinking that if you don't know Dr. Satriani, as a surgeon, has been not only entrepreneurial but has been as surgery changed through the decades. He is known. And you can see his other interview with one of his students who is the CEO now of the hospital system. He's interviewing Dr. Satriani. And they talk about how he was always at the cutting edge of technology. And how doing that also keeps not only on your toes but also takes away this fear, you must go without fear. It is such an impressive interview, to know that this kind of philosophy isn't just about reading, you know like you put something in your kitchen or something. It's something that is to be lived. So, I must ask you and your surgical career. How did you use this philosophy? So, we talked about your leadership, your teaching other leaders, and your creating avenues and frameworks for other doctors to become leaders. Let's talk about you as a surgeon. So, what kept you fresh and going and going without fear over there?

Bhagwan Satiani 54:13
I come back to what I went into medicine for, and I decided I was going to do whatever it takes to be the best in my profession. To be the best doctor and that's my mission statement. To be the best doctor I could for my patients ever involves learning a new technique, learning something doing something differently. Since it's ingrained in me, that's what I was going to do. And if changed from my physical problem in my neck and stuff changed it. I changed I probably change tracks four or five times and most people listening. If you're along in your career path a little bit you Probably would have changed at least once by now. And you will. People said theoretically, don't be afraid to change. It's one thing to say it. And on paper, it's another thing to practice and not be afraid and look for a way to make yourself stronger action. Third, you got to look at your skills and say, where is the place for me in this system? And this time? What can I do to be needed? Right? That's, that's partly what I did. I taught practice management because nobody was doing it. I thought to myself, Okay, I've got this degree, I've got to use it. And I learned a lot about the business, you know, how to buy sell practices, all this stuff. I wrote three MGMA books on it.

Harjot Singh 55:58
Yes, I was just going to mention it that practice that Satiani is a genuine Bonafede expert and practice management. And he has three published books on practice management by MGMA.

Bhagwan Satiani 56:10
So, I thought I was looking for holes, where there were gaps in knowledge for physicians. And that was part of it. So, once you do a little bit of that, you got to teach yourself first, and talk to different experts. But once you do that, I think it's you get known people call you to teach or right or whatever. And it fills those gaps as you go along, changes tracks a little bit.

Harjot Singh 56:40
This is such a fantastic idea. By the way, you started by saying I knew my weaknesses. Now you're saying there are holes in the system, there are holes in medicine. And who else is going to do we don't do it, instead of waiting for someone else to come and fill it having the passion to fill those holes. Dr. Satiani is the author of six books, not just three. And he's a co-author of 13 of them, and hundreds of scientific articles as well. So, we are really listening to wisdom crystallized today, which is how these things in a system create physician engagement. At the same time, if a physician takes it upon themselves, that I will start doing these things, it creates happiness and engagement with life as well. So, it works both ways. Even though the books are more written for a healthcare leader, physician or not, to have to create physician engagement, and in this case, by creating a pipeline of doctors to rise or train them to get on the pipeline and train them if even if you don't want to be on the board.
How can you lead other physicians, however, underlying those are the ideas that it is not only good for the system, but also for the doctor. It's good for the patient, obviously, at the end of the day, because an engaged doctor is going to do better quality, better safety, better outcomes, and a happier Doctor having a longer career. Like you said you had physical challenges. And you were like, no, okay, well, we'll do something else. So, okay, will we conclude this, I wish we could go on and on and on. But this is such a fantastic, fantastic crystallization and I think we're going to invite you in again, and we'll talk again, about what more is there to learn, not just about medicine, not just about leadership more about life as well.
So, there you have it. We talked about two things that every hospital does. One is trying to have a board and a board that serves the community, the patients, and also the doctors, and how to do that in a way that engages doctors. And second is this new wave, and Dr. Satiani is the founder of the wave that we see in creating physician leadership and how to do it, and how to do it in a way that engages physicians, and of course, it doesn't put away put off physicians, it actually takes care of the needs, how to be a leader in a way that strengthens the system itself. So, thank you very much.