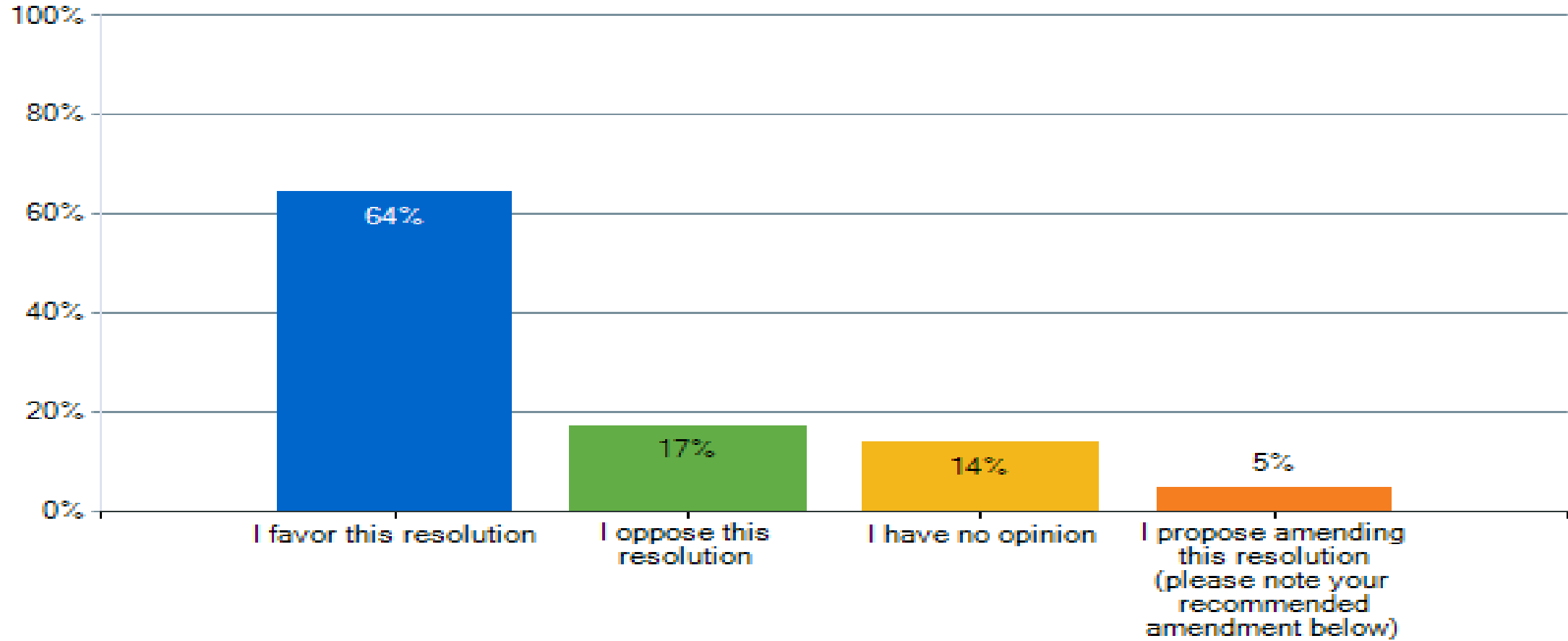
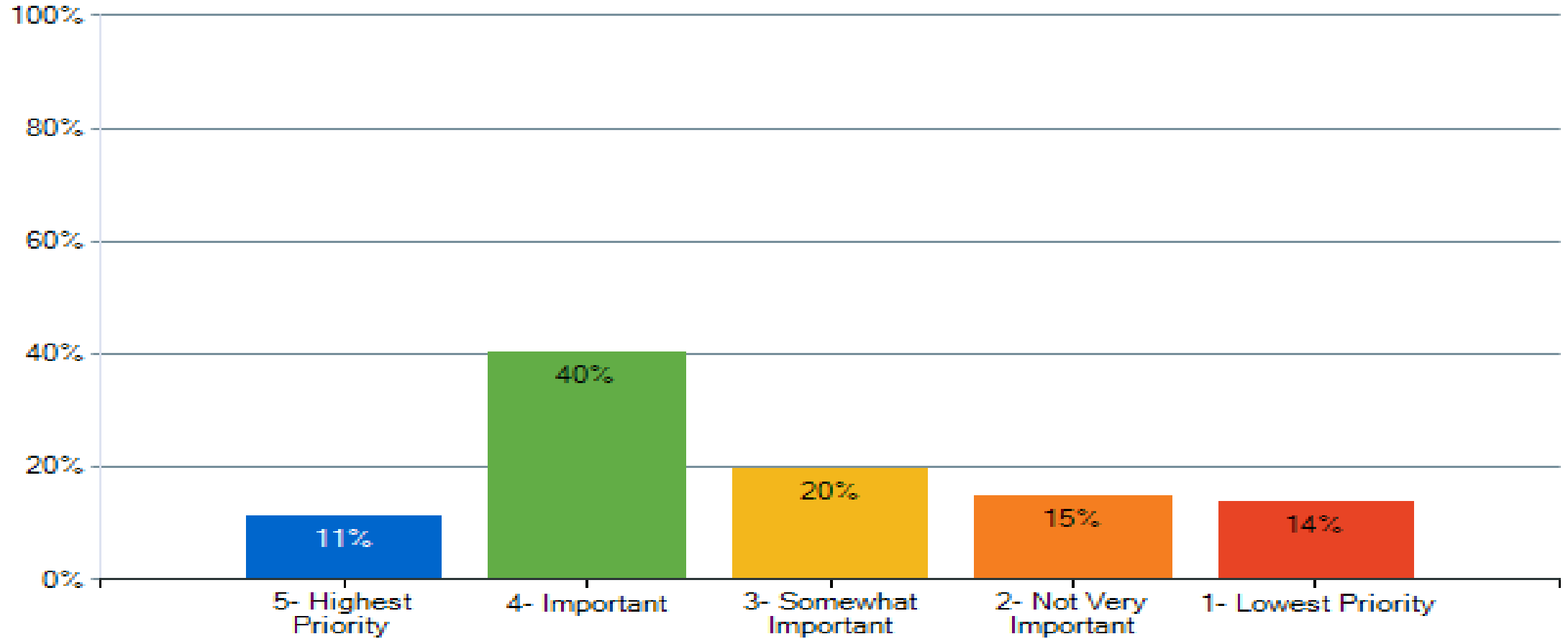


Fostering Pathways for Resident Physicians to Pursue MBA Programs in Order to Increase the Number of Qualified Physicians for Healthcare Leadership Positions



168 responses

Please indicate your view of this resolution as an ISMS priority.



168 responses

Comments

Response Text

It is extremely critical that medicine invests in the development of physician leaders who can help optimize healthcare delivery. This resolution will help in achieving this mission.

I think this should be something done after working in healthcare first not right out of residency

See below

I fully support this

I think that this is a good thing to do, but as with all changes, one must keep in mind the other ramifications that may come about. As it is right now, many healthcare and Physician organizations are struggling to find Physicians. CV surgeons, Neurosurgeons, Urologist and others are increasingly hard to find. While I can support the desire to ensure that we have Physicians with business training to lead organizations, I think we also need to push to make sure that we have clinicians available to provide the care that is needed to patients. As we support this effort, the downstream issue that will occur is that more bedside clinicians will leave the bedside, and with the impact of COVID, and early retirement, may accelerate the already challenging problem of having enough doctors to take care of patients. With that issue, more issues will come forward with regard to Advance Practice Providers taking the role of Physicians. If we don't have enough docs, substitutes will come about. That being said, we need to continue to advocate for more funding to support medical education, so we can keep the pipeline of Physician education full and robust. Napoleon Knight, MD, MBA

Those not intending to practice should not take up a residency position. Let them pursue an MBA rather than occupy a residency spot.

Excellent idea.

As a physician who obtained an MBA while a practicing faculty member at an academic institution I offer the following thoughts: - An MBA is not critical for a physician to be qualified to be a CEO. I believe leadership skills can come from many arenas/pathways - I found the MBA to be valuable to me from the operations, management, and human behavior aspects, as well as leadership, negotiations, strategy/implementation, and processes to stimulate innovative thinking. However, I will say that being a practicing physician (7 years in) I was able to see the ways that I would implement these newfound skills right away as I was practicing. I had the opportunity to pursue an MBA earlier (both at the medical student phase, and the resident phase) and I do believe that I would not have had the same insights and connections made without the experience I already had under my belt - I agree that if the goal is to enhance skills that will increase the likelihood of success at the CEO/executive leadership level that the programs should be curated to facilitate the translation of the curriculum into the healthcare setting.

Medical residency programs are for training physicians as clinicians and researchers. Medicine has become captured by MBAs and physicians are not being allowed to treat patients appropriately.

Already being done

I agree

What are the "qualifications" exactly. Does possessing an MBA qualify a Physician to hold a "leadership position"?

This resolution is very much needed. It would increase exposure to medical doctors interest in CEO or health executive positions. There should be a way to lower the cost of a MBA since physicians are inundated with loans.

In year 2000, I realized that we physicians need education in Business Administration to deal with Hospital Administrators, I enrolled in a new program "Executive MBA program for Senior Healthcare Executives and Senior Physicians" at Benedictine University, Naperville, IL. The program was conducted on weekends over two years. It helped me learn the basic concepts of the business administration.

If a resident wants to do an MBA, let them do it. It does not involve the Illinois medical society and this resolution should not pass.

I strongly agree. I believe this is an excellent idea. The only problem is who is going to pay for the MBA. (The resident, the government, the institution.). As they say the devil is in the detail.

We need more innovators in medicine that are doctors. Period.

It is a mistake to have residents pursue an MBA because they have NO experience with the problems that physicians face in the real world. They will simply become administrators like any hospital administrators, and don't require an MBA for this.

Support. I think this would make it easier to have the opportunity and support to obtain an mba. I would have loved to get one but never had the time in residency or early attendingship to do it. Louis Sharp, MD

In an increasingly complex healthcare landscape, MBAs are merely one type of advanced degree which can help physicians excel in healthcare leadership. The COVID-19 pandemic, climate change and its effects on health, and numerous other public health crises show the power an MPH can have for healthcare leadership. The complexities of public policy at the local, state and federal level and its effect on a healthcare system shows the importance of MAPP or MPP. These are just a few of several examples.

Resident physicians and physicians already have MBA programs available on line and nights/weekends should they choose to pursue this pathway. I don't think residency programs should assume the additional burden of creating an MBA tract.

Core information for business administration can be in everybody's general training in medical school. It might be an extra one year through medical school to graduate with an MBA in addition to core Medical School degree MD or DO The application of these leadership concepts and tools in business administration (and an MBA) can be applied while they are residents in any specialty as well as permit practical studies and publications.

I find the most rational and effective means of educating physicians for institutional leadership positions to be at the mid-career stage. It is those who demonstrate leadership among their peers - chief residents, those who begin to serve in practice-related committee assignments, etc. - who should be encouraged, and supported by their institutions, to pursue the MBA. It is also very difficult to pursue MBA training during residency, given the specialty training requirements. This proposal is distinct from most of the other related resolutions mentioned, which advocate for the education of every physician in the basics of health systems science. This is essential, but very different than an MBA pathway.

Great idea. 100 % of hospital CEO's should be physicians.

This is not for ISMS. Whosoever wants to pursue corporate leadership position is welcome to do so on his own. Executive MBA options are available to employee physicians in most hospitals. Why should ISMS or AMA get involved in this?

Sounds great, but I don't care to pay for it.

I know of no evidence that this degree directly leads to improved physician ability/success in leading health care organizations---might depend on the school awarding the degree/course of study---although I believe and have advocated for leadership training for physicians, I am skeptical that this would have great results.....I have seen all too many physicians with MBA, MPH and other advanced degrees that will never be effective leaders

The health system structures exist in an environment of worsening dysregulation (a disruptive pharmaceutical landscape, coercive quality bureaucracies that threaten professional integrity, the further consolidation of physicians into larger entities). We do need leaders, but I'm not sure early MBA diversions are the key mechanism for physicians to fight back.

I agree with learning about the new reality of business of medicine and creating a MBA track for residency.

I think this resolution is a great idea and I fully support it.

This is an important matter. If physicians are to lead the health care team it means doing so at the C-Suite level. I strongly support.

As long as it's voluntary.

Generally supportive of the sentiments, however MBA is not the only advance degree that could benefit physicians to enter leadership positions in healthcare systems. I think including a more exhaustive list (e.g. MHA, MHS, MPA, MPH, PhD, etc.) or a more general sentiment on education in healthcare finances/leadership/health systems would improve this resolution

Leadership position salaries should not be in excess of what clinical practitioners earning.

Any expense for the pursuit of an MBA should not involve any monies from the membership fees for the members if ISMy colleagues who have been interested in hospital administration, pursued an MBA on their own initiative.

Stop meddling. Produce the smartest, most knowledgeable, caring, compassionate, ethical doctors that focus of patient care and the rest will take care of itself. Don't force feed administration. That is not the role of a doctor! The leadership bit will rise to the top naturally.

Resident programs assisting in obtaining of masters or PhD programs is not new. I received a Masters degree at an affiliated University [of Illinois] as a surgical resident at the VA as did others. I always felt others could do the same at other training and teaching programs - and still do. Does the program need to push the resident or the resident push the program? Thus, I feel this option is already available and should not be only for medical residents. Does "medical" infer internists or any medical specialty? I am not sure of the steps inferred by the resolution but would feel if a physician has such a desire assistance could help in planning

This would further dilute the medical education process, which should be first focused on the treatment of disease and the care of patients. MBA pursuit should be deferred till later, in part because the ethos of the MBA will further conflict with the ethos of medicine to care for the patient and replace it with care for the business of medicine. WE NEED MORE GOOD DOCTORS, NOT MORE "EFFECTIVE" ADMINISTRATORS.

Great idea.

I am in favor of physicians pursuing other education such as an MBA in healthcare, but feel residencies are already tasked with many objectives first and foremost being providing education in the specialty of training. Unless residency times are extended, I do not think it is practical to add another training option within the current confines.

I'm all for fostering MBA programs incorporated in the training of doctors. Or Masters in Healthcare Administration.

Good idea. Who pays?

The AMA appears to offer recommendations for curricula to offer healthcare systems leadership electively during medical training. This Illinois resolution reaffirms the AMA recommendations and I am in support. What may be necessary is a "Resolved" stating that ISMS supports a leadership development program elective as an approved rotation weighted similar to other clinical rotations such as medicine or surgery.

I support this resolution.

If someone wants an mba it's on them.

The pathway should be designed to facilitate residents in surgical residencies the same access as those from non-surgical/non-procedural residencies. We need physician leadership in healthcare from both a surgical and non-surgical perspective.

Since medical school continues to poorly prepare students about the business of medicine be it solo practice or large health systems to private equity this opportunity for physicians in training is important Consider retired or other non-practicing MDs. Encouraging them to get back to contributing to society.

+The desire to have hospitals and other health care institutions led by physicians is laudable. However, such institutions are not led by persons just finishing their residency, but by more senior persons with experience in the actual practice of medicine and all of its problems. By the time a physician has had enough practical experience to know the problems facing healthcare his/her residency MBA experience would be passe. The degree should be attained later.

I would support this resolution

I am aware of many dual training programs that allow someone to obtain an MBA or MPH as part of their medical school, residency, or fellowship training. This resolution should not be limited to only one phase of training, as time to obtain this degree would be best for different individuals at different points in their training. I don't think this is necessary, so am opposed, but if we were to approve it, it should be broad and not limited to residency training only.

At present, there is an acute need for more physicians in management positions in the health care industry. It is my opinion that this resolution would be a significant step in accomplishing this.

My Family Medicine residency had an MBA option in the 80's, but few residents enrolled. Given the astronomical amounts of indebtedness today's residents have, I question whether more would participate.

The face and the structure and the controls of medicine are changing. It is important for medical professionals to play a stronger and more educated role in that innovation. This resolution is aiming to support that interest in stronger medical viewpoint

There are several variations of master's degrees in the administration space, so it may be wise to open that door a little wider. Not just specify the MBA; it's a good choice, not the only one.

Great idea. Need more leadership by physicians

I think this would be bad for medicine. We need doctors to practice before taking leadership positions. And if a pathway like this were to exist, would be better to have MHA rather than MBA

I agree that it is a good idea to give some physicians more business training.

As a medical resident that came out of residency knowing nothing about business and the fact that we are individual doctors are in ourselves business entities, I agree with integrating medicine and business programs. In fact, I usually tell to aspiring medical students to add some business classes in their pre-med paths. It is not only to obtain leadership skills but to understand and be clever about our own businesses.

I think it is a timely & proactive resolution. Because of the enormous debt load that medical students face, the economic burdens of an extra years tuition should be addressed with possible solutions

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Response Text

Other (Please specify) : The MBA is only one of several relevant certificates and degrees physicians can pursue to learn leadership skills. The MBA is fine, but depending on the role, another degree may be more appropriate. At a minimum, include the CPE, MMM and MPH.

Other (Please specify) : Replace "Master's in Business Administration (MBA with focus in healthcare administration)" with "appropriate Master's degree (MBA, MPH, MAPP, etc)

Other (Please specify) : You can offer the MBA with one additional year during medical school

Other (Please specify) : See above. The cost should be shouldered by those seeking this extra degree.

Other (Please specify) : see comment. priority would change based on amendment

Other (Please specify) :

Other (Please specify) : RESOLVED, that the Illinois delegation to the AMA submit a resolution directing the AMA to encourage medical residency programs to create a pathway for resident physicians in surgical and non-surgical training programs interested in healthcare leadership to undergo master's in business administration (MBA with the focus on healthcare administration) training, in order to increase physician led healthcare systems.

Other (Please specify) : See above.