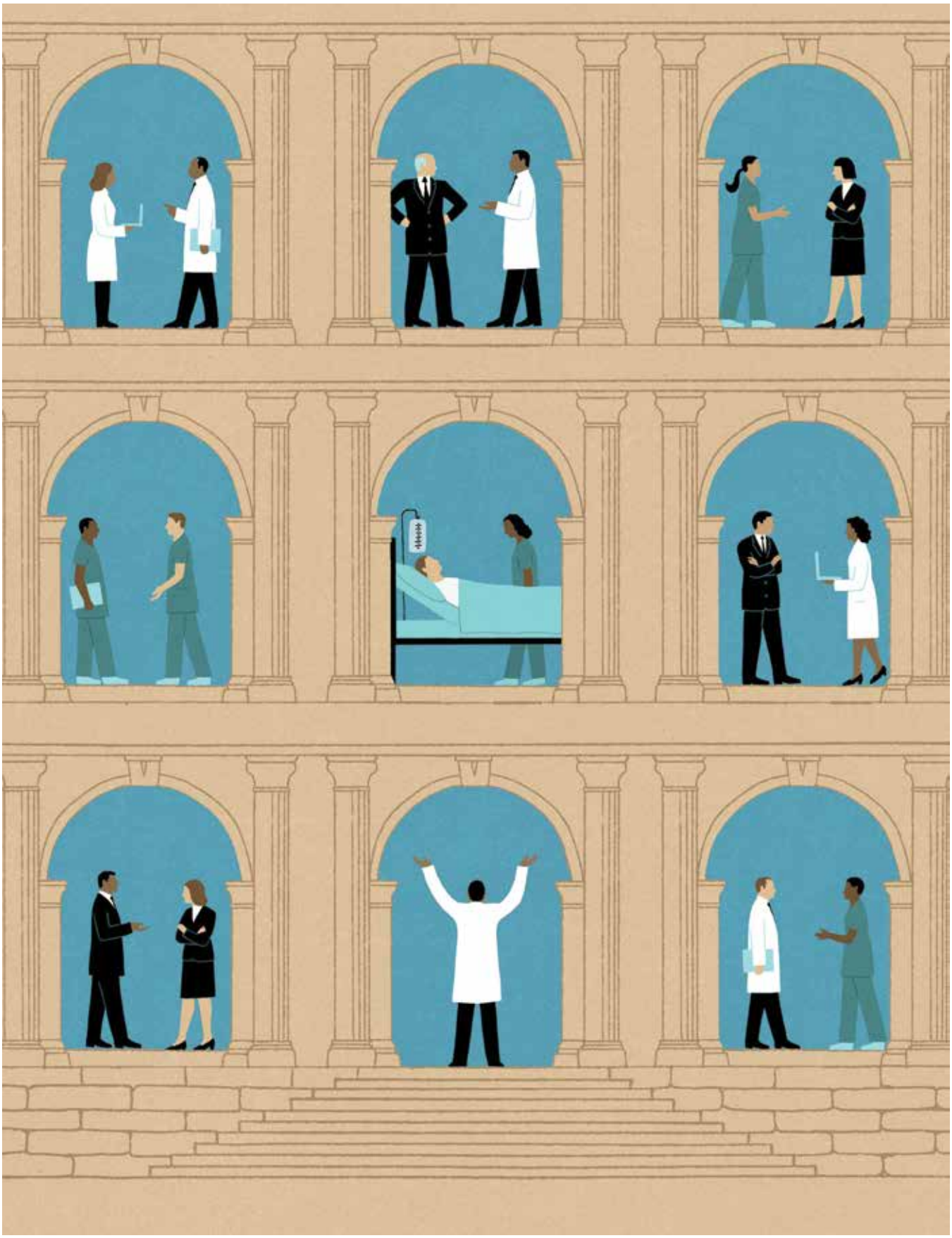



# Medical Directors of Mission Support Connections Between Clinician Experience and Ministry Identity

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Physicians are at the core of what it means to be health care — essential leaders of care teams and clinical initiatives who represent the deep purpose of the organization. They are called to heal, and the practice of medicine is the core of their work. Yet, operational leaders often hear physicians say they feel disconnected from much of the organization's decision-making and strategy discussions. For the Catholic health ministry, this gap is worth exploring, especially to sustain our identity, mission and values, as it represents dissonance in a sense of meaning and purpose.

These comments from Dr. Laurie Orme, an internal medicine and pediatric medicine physician with Mercy in Oklahoma, illustrate why this gap may occur: "Physicians live in a busy, fast-paced world where they need to make immediate decisions that can be life-altering for the patients they serve. While they may look ahead at how a disease process is going to progress, it is difficult to think about strategy five years down the road. Mercy administration, on the other hand, has to prepare for the future, and their focus in meetings or communications reflects that."

Mercy is exploring how to overcome or lessen this distance through a new role that aims to bring together physicians and mission integration: the medical director of mission. A board-certified physician or advanced practice clinician, the medical director of mission invites physicians and operations leaders to recall and celebrate shared purpose; explains to new providers the meaning of ministry identity; enables physicians to participate in and lead formation in distinct ways; and shapes communication and effort around physician well-being, a key aspect of retaining providers that resonates with a Catholic view of human flourishing. They do this in partnership with mission leaders and local physician wellness champions, with commitment from senior clinical leaders to budget and sustain visibility for the importance of the position.

## RECOGNIZING THE SACRED

Conceptualized by clinical leaders, the medical director of mission role began nearly three years ago and has grown to three directors, with a fourth and final position to begin by end of this fiscal year. Each serves a respective region within Mercy's geography and an area of ministry-wide focus: primary care, service lines or operations.

The insight found in the work between mission leaders, medical directors of mission and other clinicians heightens the focus on patients, which is core to Mercy's strategy and affirmed in the *Ethical and Religious Directives*. Regardless of

where the patient is throughout their care experience — whether care providers accompany them at a time of suffering, healing, increased well-being or as they face advance care planning decisions — the experience between patients and those who care for them is where God is present and is the core of what it means to be a healing ministry.

As the introduction to the ERDs notes, "The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ's mission; to see suffering as a participation in the redemptive power of Christ's passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ."[1]

Mercy's first medical director of mission, neurosurgeon Dr. Bassam Hadi, who serves the St. Louis area, explains, "A physician or provider first chooses medicine out of a calling to heal. Our role with mission strives to reignite that heart in our colleagues by going out to them to acknowledge how central their daily practice of medicine is to our ministry's purpose for existing."

Sharing sacred moments in operational meetings reminds clinical and operations leaders about the importance of daily patient-physician-care team interactions, complementing discussion around visit or procedure length, format, efficacy and cost. This practice — a key mission department and Mercy goal — allows for conveying ordinary experiences throughout one's day in which a greater purpose and God's transcendent presence are sensed.

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— DR. BASSAM HADI

## A CONNECTION TO MISSION

A second focus of the medical directors of mission has been refining the involved and distinctive hiring and onboarding process for physicians. It begins with recruiters spending a year or more in dialogue with qualifying candidates, explaining compensation, practice models, team dynamics and Mercy as a ministry. Later, candidates have opportunities to get to know their potential employer and colleagues, and final steps include interviews and orientations.

Medical directors of mission and mission and ethics leaders have refined how and where in this process elements of Mercy's mission, values and the ERDs should be introduced. The medical directors of mission co-lead orientation for new physicians/providers to ensure mission and ethics elements are shared in the most relevant way. They do this by sharing personal examples of how they came to understand what it means to be a ministry from a clinically trained, patient-focused perspective, such as reconciling the value of providing excellent patient service with the need to attend to the value of stewarding budgets for all patient needs, including those who cannot pay. Or they might acknowledge that scientific mindsets, narrow focus (shaped by training) or awareness of the multireligious makeup of their peers kept them at a distance from "mission talk."

Involving physicians to shape their new professional peers' experiences, from the earliest days, honors the reality that physicians typically choose their careers out of personal commitments to the care of others; make unique investments in their education and training; and often practice in one place for a lifetime, connecting deeply to the communities they serve.[2] An early introduction to and recognition of the organization's identity, values, culture and the care it provides offers a wide perspective to new physicians.

## FLOURISHING THROUGH FORMATION

A third area of collaboration between mission leaders and the medical directors of mission is the inherent leadership physicians and other

advanced practice clinicians have within their own care teams to influence culture, including team formation practices. To help physicians shape effective formation for their teams, mission leaders and the medical directors of mission customize formation opportunities for physicians that allow for greater format and time flexibility.

Creating these avenues to facilitate participation in formation practices can help lessen the disconnect that can occur between physicians and the organization. "In regard to mission, physicians see our coworkers participating in formation and engaging in our values and charism, but until recently, we weren't included," comments Dr. Kim Creach, a radiation oncologist and medical director of mission for Mercy's southwest Missouri region. "Our administrative leaders saw us busy providing patient care and didn't want to interrupt us to share a reflection, sacred moment or an aspect of our heritage. Without an expectation to be present — and with busy schedules — we usually didn't join in. Ultimately, that can lead to us missing out and not feeling connected."

In one recent example, a group of physicians, nurse practitioners and physician assistants worked with mission leaders to develop a care team formation approach. The goal was to support clinician involvement and to tailor content that spoke most directly to their daily work. Posters were placed in outpatient clinics' break room areas where all care team members could write answers to questions connecting their experiences to Mercy's values. The exercise concluded through meetings where care team members could view the completed poster together and note how these elements reflect Mercy's mission, values and charism.

Through a separate effort in one of Mercy's communities, a medical director of mission individually rounded to clinics and, from gathered peer feedback, is working with mission leaders to create video and print formation resources that are both short and meaningful for physicians themselves to lead.

## STRUCTURES TO ADVANCE WELL-BEING

A fourth way mission has been able to support clinicians in collaboration with the medical directors of mission is through well-being. As clinicians practice, they bring their professional calling and commitment into environments where their work is powerfully shaped by technology and compensation models measuring productivity and outcomes. As a result, that which is central to the healer's role — the person in front of them — is at risk of being lost, potentially taking with it the physician's sense of meaning and purpose.

To counteract this, medical directors of mission and mission leaders have convened the work of well-being. These efforts include helping to shape systemwide communications to physicians, promoting the defining and measuring of well-being using the Stanford Model[3] (which recognizes organizational, practice efficiency and personal resilience elements); enhancing peer support and recognition approaches; connecting local well-being committees to leadership support and advocacy; and facilitating safe spaces for processing emotional/spiritual experiences. Physicians in key leadership roles support these efforts as a strategic priority.

## BUILDING EFFECTIVE COMMUNICATION

Establishing the medical director of mission roles and their collaboration with mission leaders has also shaped the mission department's worldview. Through multiple efforts implemented between mission and physician leaders, more than 120 physicians and advanced practice providers are involved in new ways.

Mission leaders are well-equipped to understand the nuances and impact of the unique physician experience due to their theological study of human flourishing, right relationships, the common good, suffering and healing. These lenses can apply to physicians' encounters with patients, the pressures they feel as part of our nation's health care system today, and their own challenges to sustain well-being.

Measuring the impact of this work is underway. As the new roles were in development, Mercy was reorganizing and advancing multiple senior physician leadership roles. During that time, our 2021 AMA survey of more than 900 respondents, which focused on physician/clinician well-being and burnout, showed an 11% increase in our providers' responses to the question, "I feel providers are valued at Mercy." Also in 2021, we added two custom questions to understand what our physicians and other providers value most and what they perceive Mercy values most, so that we

can work toward greater alignment. The results confirmed that often there is a differing perception between physicians and operational leaders about priorities. Some physicians may perceive leadership messaging to emphasize business performance more than patient care — their utmost value. Yet, operational leaders see fiscal management as supportive to and essential for exceptional patient care and in delivering the mission itself.

### PARTNERS IN LEADING THE MISSION

Clinicians have a desire to serve those in need and benefit their communities, which parallels the motivations and worldview of the Sisters of Mercy who began and sustained this ministry. Those in mission roles have an opportunity to partner with clinicians in aligning the language, concepts and experience of the practice of medicine with ministry identity.

When physicians understand the potential they hold to "lead the mission" with their colleagues and care teams and connect system and operational initiatives to the care of patients and communities, mission integration penetrates our Catholic health care organizations more deeply. Mercy looks forward to clinicians as ever-stronger partners and leaders in mission as our program continues to flourish.

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### NOTES

1. *Ethical and Religious Directives for Catholic Health Care Services: Sixth Edition* (Washington, DC: United States Conference of Catholic Bishops, 2018), 6.
2. Thomas C. Ricketts and Randy Randolph, "The Diffusion of Physicians," *Health Affairs* 27, no. 5 (September/October 2008): 1409-1415, https://doi.org/10.1377/hlthaff.27.5.1409.
3. "The Stanford Model of Professional Fulfillment," Stanford Medicine, https://wellmd.stanford.edu/about/model-external.html.

## QUESTIONS FOR DISCUSSION

Physicians and advanced practice clinicians need to feel valued in their professions and that their work to heal or accompany patients reflects the values and mission of their organization. Mercy's Vice President of Mission and Clinical Integration Sara McGinnis Lee details how the system has created medical directors of mission. The clinicians in these roles communicate with other doctors and advanced practice clinicians about the meaning of ministry identity and help connect them to a shared purpose in the organization, spiritual and leadership formation, and physician well-being resources.

1. What do you think about the role as it is described? How does your ministry build relationships in these critical clinical areas?

2. Health care professionals are busy, with multiple daily demands. How do you think ministry leaders can reinforce the importance of the organization's mission and values in the health care setting to ensure they are foundational to its healing work?

3. Discuss the types of prayer, reflection or support you've found nurturing or restorative in your ministry. Could more of it be replicated for physicians and advanced practice clinicians? If so, how?

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