

# In Conversation with Barry McLellan

Ken Tremblay

It comes as no surprise that as physicians assemble skills, a track record of making a difference and leadership acumen, they find their way into the “C suite.” Leading one of Canada’s largest health sciences centres, Dr. Barry McLellan’s journey began in emergency medicine and a leadership role in trauma care, both in Ontario and Canada. With a stop as chief coroner for Ontario, Dr. McLellan returned to Sunnybrook Health Sciences Centre as president and chief executive officer (CEO) in 2007. Providing leadership to an organization with 1,200 beds, a million patient contacts and combined operating and research budgets approaching a billion dollars, Dr. McLellan offered his insights with *HQ*’s Ken Tremblay earlier this year.

**HQ:** Just a few years ago, a physician as hospital CEO was rare; more recently, several physicians are leading the “C suite,” particularly in academic or large centres. What is your take on this trend?

**BM:** There was a time when physicians would do anything to avoid any kind of lead role in hospital management. In the past 10–15 years, physicians have been increasingly interested in assuming leadership positions in hospitals and, quite frankly, more broadly in healthcare. I think it has to do with physicians better appreciating the importance of how leadership in general, and more specifically at the level of the CEO, can help improve the care of the patients. In academic centres, leadership allows one to advance teaching and research as well as shape the healthcare system. It’s an indication that physicians have become more and more aware of the importance of leadership in healthcare. I don’t know whether this trend will continue, and by no means am I suggesting that physicians are better able to assume the role of CEO; I just think that at the end of the day we’re looking for a person with skills and a leadership style, whether you are a physician, nurse or someone who brings a business or related background.



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**HQ:** Physicians often describe one of their own in these executive roles as “crossing over to the dark side.” What do you say to those commentators?

**BM:** First of all, I have heard no such comments. Healthcare is very much a team sport and that includes players from a wide variety of professional and non-professional backgrounds. This team concept is critical. Physicians have started to appreciate the important role that management play in a hospital, that is, the best way to allocate resources in the best interests of patient care. At Sunnybrook, we have been encouraging physician involvement in management and leadership positions for many years. Because physicians are realizing that participating in management is the best way to bring their perspective to the table, this concept of physicians elevated to management positions or CEO as “crossing over to the dark side” is behind us.

**HQ: What skills have served you well as you shift your emphasis from the bedside to the boardroom?**

**BM:** My major clinical interest was as a trauma team leader. In that role, as well as program director, I gained an early appreciation of the importance of the team – the team that works well together can achieve the best outcomes. That’s certainly a philosophy and style of management that has followed me as I’ve gone from physician to this position. During my 10 years at the coroner’s office, presiding at inquests helped with my approach to making decisions – especially when you are dealing with parties with quite different perspectives or points of view.

My clinical team involvement has really helped me as I assumed leadership positions. As well, leadership is very much about having different styles to apply to different situations, the “golf bag” analogy of pulling out the right club to take the right shot. Having participated in different clinical and management roles has helped me develop a [leadership] style that I’m using now.

**HQ: The classic conflict often cited between practitioner and executive is clinical performance and resource accountability. How do you reconcile these often competing interests?**

**BM:** At the end of the day, we are given fixed resources to provide care for our patients and, more recently, those resources have been getting proportionately smaller with time. We actively engage our physicians and other healthcare practitioners in managing our resources through our program structure. I don’t see this as a matter of competing interests; actually, I see this as an opportunity to really work together – to deliver the best possible care in the most efficient way possible. I don’t see this as a conflict.

**HQ: As CEO, how have your clinical credentials assisted you with driving the quality and safety agenda shaping public policy and provider accountability?**

**BM:** CEOs have a wide range of clinical and non-clinical backgrounds – none of us brings a complete package of experience and knowledge to the table. Having said that, one area where a clinical background – physician or otherwise – is beneficial is when we’re talking about patient safety or advancing the quality of clinical care. It has certainly assisted me to participate in those discussions as it brings a credibility factor to those discussions. But, when it comes to advancing specific quality or patient safety initiatives, I rely on the expertise of clinical and management leaders.

**HQ: Proponents of patient-centred care are critical of provider-centric behaviours. What message would you have for clinical colleagues who argue that patients have always been the focus of their attention?**

**BM:** On this question, it’s a matter of degree. Clinicians and

healthcare practitioners have always had preventing disease and treating illness and injury at heart. Although the patient has always been central to their thinking, it was perhaps not as much from a patient-centred care perspective. However, it is fair to say that clinicians, especially those who bring a management perspective, have appreciated that the patient’s perspective deserves more attention. Right now, we are focusing more on the overall needs of our patients than what may have been the case a few years ago. Physicians have changed and will continue to change, with more and more focus around patient-centred care. Yes, there has been an evolution, a slight shift in mindset.

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**HQ: Data generated by the information age are creating challenges for the “art of medicine” vis-à-vis accountability and variations in performance. As we develop more evidence-based practice guidelines, compliance may become a reportable measure. What challenges will this cause for medical leaders?**

**BM:** In this day and age, all healthcare [providers and professionals] are becoming more accountable. It is both inevitable and very important in advancing quality. When it comes to evidenced-based guidelines and protocols, the best way to ensure compliance and, quite frankly, their propagation is to involve physicians and other healthcare practitioners in their development and introduction. Physicians, like everybody else, want to perform at their best. As long as we provide clear expectations and comparative information, not just data, that [approach] will ensure their involvement in quality improvement initiatives, including practice guidelines. It is how they are involved that will ensure their active and early participation. Physicians – just like everyone else – want to do their best; if you provide good comparative information to help them do better, they’ll do so.

**HQ: Given your ascendancy to the “C suite,” what advice do you have for physicians who are considering a leadership role? Conversely, what executive skills are most valuable to you as a physician?**

**BM:** I have spent a lot of time with medical students, medical residents and junior physicians. With all of them, I have stressed the importance of leadership and tried to provide early opportunities for them to take on leadership positions. It is as important to have physicians as leaders, just as it is having nurses, other professionals or those with human resources or financial backgrounds.

It's not necessarily a straight trajectory to senior leadership positions for physicians. The earlier they see leadership opportunities and seize them – as they become available or identify role models and mentors – that's the best way to develop and fine tune leadership skills. The other piece of advice I always give them is to stress the importance of the team – be it multi-professional, multidisciplinary, inter-professional – more so as they grow into leadership positions where they are leading and managing others. I am actually seeing more enthusiasm among medical students and young doctors to take on leadership positions than ever before.

**HQ: What issue has been the most challenging for you as transitioned into this role?**

**BM:** I would say the greatest challenge is maintaining balance – trying to protect one's time outside of the work environment. That's something that I have had to watch very carefully. There really weren't any unexpected challenges. My biggest surprise, however, would be the amount of time that I spend on fundraising and foundation-related activities. Obviously, this is very important to advance our mission and vision. We can't be successful without the support of our community, but I didn't anticipate it would take as much time as it does.

**HQ: What do you hope will be your leadership legacy at Sunnybrook?**

**BM:** We have a very bold vision here, and that is to invent the future of healthcare. I would like to think that, based on a focused strategic plan and the recruitment of other strong leaders, we are going to deliver on that vision – in other words, to invent the future of healthcare.

**HQ: What else would like the readers of HQ to know about Dr. Barry McLellan?**

**BM:** I don't think there is anything specific. I think it is great that more physicians are taking on leadership roles. But that doesn't mean that CEOs should be physicians: it's a matter of getting the right people, with the right skill set and leadership style. If there's another message, it's that I have benefited from working under some great leaders and role models who certainly helped to shape my career. One of the things that we can do is be a role model for those who follow.

**HQ: Thank you. HQ**

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