

## **Short Communication**

# **Physician's Role — The Challenging Task of Balancing Multiple Responsibilities**

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A doctor in the new millennium must engage in a host of activities other than direct clinical care. These include administrative responsibilities as a leader or a manager, teaching roles for students, trainees and the society and an effective communicator at large. The professional demands of a changing world often needs a relook at the resources for ongoing training. To prepare for the professional needs, the doctor needs to understand the implications of the role he/she is involved in the current position, prepare for upcoming challenges and enhance the sustainability of a successful career.

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**T**he millennial shift in the doctor's role has placed the modern physician in a unique position that keeps evolving continually. It has long been accepted that along with the role of a care giver, the physician must take on the responsibilities of a teacher, a leader, and a manager. The formal nature of medical education often leaves the doctors with less than adequate skills in their arsenal when the spectrum of expectation in these roles are accounted for. The challenging demands of the job at hand often tends to overwhelm the resources available – most of the times the doctors consider the sweet and not-so-sweet experiences as part of learning on the go. This is frequently stressful and leads to an unfavourable work life balance. There is a price to pay, as many have said before.

Medicine is a profession that offers three broad incentives – dignity, job satisfaction and money. The professional hierarchy with the honorific prefixes, the social bearings, exposure to the niceties of life may all be accounting for the dignity that comes along with the role. Satisfaction in a current job role is more elusive – it may depend on the hours of work, the pattern of work, the commute involved and a million other factors including the environment and emotional intelligence. When it comes to money, things can often get fuzzier as there may be no endpoint to what is 'enough'. Importantly, the earnings and expenditure need to be titrated against the norms of social security and family responsibilities. The importance of each aspect to an individual is not universal when personal aspirations are considered. They may not be static

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throughout life and interest in each aspect may well wax and wane. However, the necessity of considering these aspects in defining professional success for oneself remains undeniable.

It is on the background of these aspects the role of the physician has continued to evolve. It is important for the present generation to appreciate these vital aspects in honest retrospection while defining the evolving demands.

**Leader and Manager : At times the same but not always :**

The doctor is often expected to shift fluidly into a role he had not expected to be in. It is important to understand the "Peter Principle" – a concept in management<sup>1</sup>. This is based on the observation that in a hierarchy, a competent and successful person will get promoted to the next level to perform a job for which they are incompetent, as one set of skills may not readily be transferable to other. Looking back, a successful student will start his day of internship as an incompetent one, only to transform into a competent Junior Doctor expected to start his/her residency and the story keeps repeating over and over. The dynamics of the profession makes it imperative for the physician not only to keep updating but also accumulate soft skills on the way – both formal and informal trainings are beneficial.

Whether it is in the primary care or tertiary care, whether it be Government Sector or the corporate one, a doctor is just not an isolated entity – he is one of the most fundamental persons in an interactive group of individuals with varying roles in the team dynamics. Prioritisation of precious resources, including time and organising tasks into achievable, time bound subsets is uniquely tied to his job profile. Quite often, he may be interacting and motivating his team (often a group

of trainees) and setting directions, both holistically and in material terms, fulfilling the role of a leader. At other times, he may be engaged in an instructive role, planning out weekly or monthly activities (including clinics and theatre lists), balancing resources (financial or human), thus taking on the garb of a serious manager.

While creating a vision as the leader, doctors often set goals as the manager at the same time – they find themselves frequently tasked with achieving the short-term goals in the mould of a manager while assessing the long-term impact in the role of a leader. Interestingly, the pandemic has managed to bring out the best of such capabilities across the globe – amidst a frantic firefighting, setting and achieving medium- and long-term targets have always been a part of the plan. Organisational capabilities as a manager and a far-sighted adaptability as a leader often need to be fused into the same role.

### Teacher – An ever-widening role :

The Medical schools have a unique process of turning the most reticent of students into accidental teachers. Informal teaching and sharing of knowledge often transcend the yearly batches and rarely follows any imposed restrictions. Thousands of medical romances have bloomed uncharacteristically from the Gargantuan Medical Books. The pandemic has accelerated an ongoing trend towards use of virtual platforms like Zoom and Teams for teaching and training along with ever increasing use of blogs, podcasts, vodcasts, interactive white boards, wikis, simulations and audience response systems<sup>2</sup>. While embracing the digital revolution, the Medical Teacher is expected to be calm yet enthusiastic, knowledgeable, and approachable, logical yet passionate, a learner and a mentor at the same time – a difficult proposition indeed. In essence, to serve as a role model for the students and trainees, a Medical Teacher must be flexible enough to reinvent himself/herself according to the teaching needs.

It remains a fundamental responsibility of the doctor to provide a Clinical Learning Environment for the Students and Trainees, who may be medical, nursing, or allied healthcare specialists in the make. This would put the onus on three different aspects – clinical work, learning process and the environment per se<sup>3</sup>. The demands of this process means accounting for the barriers of communication (Physical like a large desk at times, language barriers, cultural barriers etc), psychological and social aspects (like a rigid hierarchy, age differences preventing the sharing of outlook etc).

### Doctor as a Communicator :

In the context of modern medicine, the art of communication plays an exceptionally vital role. In the

yesteryears, communication was primarily face to face and usually within a known sphere of activity. At times, the print media or the television would draw information, advice or inspiration depending on the situation at hand. The digital age has often brought the doctor away from the traditional teaching environment to a myriad of other platforms - the social media, virtual classrooms, podcasts etc. To be effective and successful in these newer vistas, the sublime art of communication is an essential survival skill. It all starts from being able to be a good listener and acquiring the powers of empathy and confidence. Conveying respect to the involved team, often using non-verbal means (body language for example), having an open mind, being able to be clear, concise and personable are especially important. Quite frequently, doctors tend to imbibe the skills from their peers and role models (sometimes, their weaknesses as well) but often a structured system helps to a great extent in improving the capabilities needed for the job.

### What Lies Ahead ?

It may be a good idea to accept that the rigours of the profession may only increase. The existential problems of the current World was crisply summarised in the Leadership Theories of Warren Bennis and Burt Nanus in 1987 – VUCA. It is an appropriate acronym that stands for Volatility, Uncertainty, Complexity and Ambiguity. Being prepared is no doubt the best way forward to take on the challenges of a long journey where the incentives may not always be abundant. Introduction of the basic concepts of communication, management and teaching at the undergraduate curriculum is always helpful if the steps are followed up with structured formal and informal training programmes over the years of residency and professional practice. Some doctors will be privileged enough to have worked in settings and teams which allow them to imbibe the skills as part of learning on the go. This may not hold good for a significant number of their professional colleagues. The introduction of courses and training programmes may be of significant help for this group. Acquisition of soft skills often lead to professional expertise and resourceful exploitation of the hard-earned clinical skills – the final aim of a successful career.

### REFERENCES

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