

Dr Karl Cole

A focus on the big picture, and knowledge leadership

After two years as a House Surgeon, Karl entered the NZ Army as a Commissioned Officer, and his experience with the NZDF included managing a sizeable unit in East Timor and working as the Special Forces doctor. *“The Army gave me generalised leadership training – nothing like the hospital systems knowledge based concept of leadership.”* Karl looked after a multidisciplinary unit of doctors, nurses, a surgical team and contracted civilians. What did he discover about leadership? – *“that I could do it, and that it was a lot harder than doctors realise. In the Army, unlike in a hospital, medicine wasn’t the centre of operations; you had to fit in with the entire organisations goals.”*

Karl found he enjoyed taking time to understand management, working with senior management and planning ahead. *“When it works really well, it can make a big difference over the long term.”*

In his early experience spent in half time management, half time clinical practice, Karl found the latter *“a bit boring. You get 15 minutes of processing but not the whole picture. In clinical practice you get instant problem solving satisfaction, but it’s like your finger is in the leaking dam, and you have no way to impact on the long term bigger picture.”*

After the Army Karl looked for clinical roles that would allow part time work and flexibility, and began working half time as the Clinical Director/Innovation for ProCare. He went on to buy his own practice, and continues his role at Procare.

Karl identifies two key drivers for his progress and career path in medicine – a desire to influence the field, and an interest in leadership: what it is, and how it works best. *Being a subject area expert doesn’t make a good leader.* He says, *“if you have never stepped out of a hospital – the traditional career path for specialists – you don’t know if you are a good leader or not, in a generic sense. The Army provided that opportunity for me.”*

Karl can also identify a desire for *“problem solving on a bigger scale.”* In his early years he was frustrated that medicine *“wasn’t what I thought it would be; I wanted really interesting puzzles requiring solid thought.”* In reality he says, it is pattern recognition in day to day work.

Karl is interested in how hospitals and health, a big and enormously complex system, can work better. He believes if doctors can put aside their dissatisfaction and *“really get to understand the hospital system in all its parts, then they could begin to visualise how it might work better. They need to be open to the idea that they are part of the problem.”*

In his Clinical Directors role with ProCare, Karl says he has been able to *“play, work on ideas and systemic problems.”* This provides the challenge he likes. In this role he has been part of developing innovative IT systems for clinical practice, and clinical education for doctors via Protube, where doctors can access online learning and continuing medical education.

In reflecting on what was most helpful for him in his early years in medicine, Karl identifies meeting people who had not followed the standard traditional path, but done other things, changed roles, and not aspired to the traditional knowledge based specialist role. *“Those people are not necessarily happy”* he says, *“but are part of a tunnelled system”* that encourages that aspiration. The same

system tends to see General practice as a lesser contribution – *“just a GP – a default position for those who don’t make it”*, rather than a role which demands taking responsibility and providing good leadership of small adaptive units within a challenging system.

At the same time as he entered the Army, Karl had started a Post Graduate Diploma in Health Informatics. He was always interested, he says, in IT, and he is influenced by the way the Army managed logistical issues. Karl believes in the next 20 years of his career, *“the one thing that can solve medical problems is IT – it will be what changes the rules of medicine. The leadership required will be different. Until now, doctors have been default leaders because of their superior technical knowledge; however what is going to be needed in the future is more generic leadership training and development.”*