THE UBUNTU ELEVATE SERIES

Your First 90 Days as a Physician Leader

Medical Director. Division Chief. Department Chair.

You earned the title. Now lead in a way the title alone cannot.

60%*	Day 1	3 Phases
OF NEW LEADERS FAIL WITHIN TWO YEARS	IS WHEN YOUR REPUTATION STARTS FORMING	TO SIGNAL EXECUTIVE READINESS

**Wharton Executive Education (2024). New leaders need training. Wharton at Work.*

PHASE 01 DAYS 1 TO 30

Establish

- **Listen before you lead:** Map the unspoken power dynamics of your department before making moves. Every unit has a history the org chart does not show.
- **Separate clinical credibility from leadership credibility:** Being the physician everyone trusts with the sickest patient does not automatically transfer. Leadership trust must be built on its own terms.
- **Define your win criteria:** Sit with your CMO, chair, or system leader and align on what success looks like at day 90. If it lives only in your head, it does not exist.
- **Map your stakeholders:** Nursing leadership, administration, quality, finance, and your peer physicians. Identify who has influence, who has access, and who to cultivate.
- **Resist the urge to prove yourself:** Executing before understanding is the number one new physician leader mistake. Diagnosis before treatment applies to systems too.

PHASE 02 DAYS 31 TO 60

Influence

- **Shape the narrative:** Control how your team and peers talk about your leadership before others define it for you.
- **Go cross-functional:** Volunteer for high-visibility work outside your direct scope: quality committees, service line redesign, system task forces.

- **Find your sponsor:** Identify one or two senior leaders who will advocate for you in rooms you are not in. Sponsorship, not mentorship, moves careers.
- **Build lateral trust:** Relationships with fellow medical directors and division chiefs determine your candidacy for the next level more than your CV does.

PHASE 03 DAYS 61 TO 90

Position

- **Speak the language of the executive suite:** Reframe your wins in terms of quality outcomes, patient safety, throughput, retention, and financial stewardship. Not tasks completed.
- **Develop a point of view:** Executives have opinions on where the organization is going. Start sharing yours with confidence, grounded in what you see at the front line.
- **Build external visibility:** LinkedIn, conference presentations, writing. Your external brand validates your internal one.

THE SHIFT

Stop thinking like the most reliable clinician in the department. Start thinking like the CMO who has not been announced yet.

Three Mistakes That Stall Physician Leaders at This Level

01 Staying in clinical execution mode

Senior physician executives delegate and direct. They protect leadership time fiercely. If you are still absorbing every clinical gap yourself, you are signaling that you are not ready for the next level.

02 Waiting to be noticed

Sponsors do not find you. You build them. In medicine we are trained to believe good work speaks for itself. In leadership, visibility requires intention, not just performance.

03 Thinking the title did it

The promotion is an invitation to prove you belong. Most physician leaders never actively position themselves, which is exactly your advantage.

You Are on Track If, by Day 90...

- ✔ Your CMO or chair can describe your impact in strategic terms
- ✔ You have at least one executive sponsor actively championing you
- ✔ Your peers see you as a thought leader, not just a colleague

- ✔ You have had an explicit next-level conversation with your leader
- ✔ You have external visibility: content, speaking, or community

The promotion was the beginning, not the destination. It was your entry point to the next level.

If you want to think this through at a deeper level, you are welcome to reach out.

Dr Nondumiso Makhunga-Stevenson

MBChB | ICF PCC | Physician Leadership Coach

www.ubuntuhealthinstitute.com | drnondumiso@ubuntudoctorcoaching.com

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