Your profession needs you (lessons in medical leadership)

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CASE REPORT

After finishing residency, you are fortunate to find an excellent job as an attending emergency physician in a busy community teaching hospital. The physician group is well established, with an equitable shift distribution and a practice plan to support the residents' teaching program. The emergency department (ED) sees high volumes, so there are always challenging, acutely ill patients to treat. Over time, you receive repeated comments from your fellow physicians and nurses that you are a natural leader. Soon, the chief is asking you to cover for administrative issues while she is away. You attend a few medical advisory committee and other meetings and find the interdepartmental discussions and negotiations with administration intriguing. When the chief steps down, it seems natural that you be nominated as the next chief.

With your "can do" attitude and the encouragement of others, you take on the leadership position, thinking that you will be able to give up a few night shifts and go to some meetings, and all will be well. Your new duties seem to include overseeing the schedule, administering the practice plan, discussing physician issues with the vice president of medicine, and representing your group at administration tables. With complex issues such as ED overcrowding, you realize that you will have to manage conflict between the ED and other departments. You have also heard that the medical school is negotiating with your hospital to make it a centre for undergraduate education. You know that the ED will be a desirable area for this teaching, but this means an added time commitment for you.

One year later, ED overcrowding has worsened, and you are spending most of your days looking for beds. With the retirement of a number of senior physicians, you are scrambling to find new ones. The hospital is developing a new strategic plan, which involves many day-long meetings. Seemingly minor practice plan issues have generated endless email strings, with some heated arguments between physicians. You are spending more time at the office and are unable to commit to the teaching commitments you enjoy. Your family and fellow physicians note that you are grumpy and distracted. During your shifts, you get annoyed by repeated requests to resolve administrative issues.

Frustrated, you seek the previous chief and ask her advice. She smiles as she listens to your story and then explains that you need to lead as well as manage the department. Having never pondered the distinction between leadership and management, you are intrigued. She encourages you to continue your leadership journey, but with a slightly different mindset than you had before. She explains the critical importance of developing physician leaders for the health care system. If we are not at the table, she says, we will be on it!

Although most physicians tend not to view leadership and administration as glamorous roles, they are perhaps the most critical for making a meaningful difference for patients, the system, and our work environment. With unique clinical insights and training in critical thinking, physicians are well positioned to provide leadership in the health care system. Emergency physicians have particularly valuable perspectives on gaps in the system and have led many

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breakthrough improvements. In fact, leadership skills are important for all emergency physicians. On any shift, you may lead a complex resuscitation or resolve conflict between a patient and family members. Throughout your career, you will be called on to provide leadership in both clinical and nonclinical settings.

LEADERSHIP IS A TEAM SPORT

Simply put, leadership is providing guidance or direction to a group. People are expected to provide leadership when they accept certain roles or titles, but true leadership does not come from a title. Acting in a position of power without the ability to lead may produce compliance from subordinates but not commitment.

Leadership involves inspiring a group to accomplish something that it would not have otherwise accomplished. True leaders have followers—that is, they inspire the commitment of those they lead to a common purpose. Commitment is voluntary; it transcends self-interest and is energizing! A group of individuals committed to a goal is far more likely to achieve great things than a group simply complying with orders. Thus, followership is the most important defining feature of leadership.[1]

Real leaders understand the importance of the people they lead. The symphony conductor cannot make music without the musicians. Success in any endeavour depends on the commitment of the individuals involved. Real leaders empower teams to achieve the results they desire. Real leaders view themselves as part of the team. These concepts are not new. Ancient Chinese philosopher Lao Tzu, considered by many the father of Taoism, said over 2,000 years ago (available at: http://www.whale.to/a/lao_tzu_h.html), "To lead people, walk beside them. When the leader's work is done, the people will say: 'We did it ourselves.'"

Although the role of "follower" may not seem attractive to some, the importance of followers to any group aspiring to achieve a goal cannot be overstated. It is the talent of the followers that leads to success. We are all both leaders and followers, and there is an inescapable relationship between these two roles in the ecosystem of any group. The power of followers is illustrated in an amusing *YouTube* video entitled "First Follower: Leadership Lessons from Dancing Guy," available at <http://www.youtube.com/watch?v=fW8amMCVAJQ>.

Personal mastery and emotional intelligence

Start the improvement process with yourself. Completing medical school does not qualify you as a leader. Leadership skills, just like medical knowledge, need to be learned and continually refined. There has been an explosion of leadership literature in the past few decades, and a wide variety of courses are available for leaders of all types.

People who consistently achieve what matters to them understand where they are and where they are going. Personal mastery is about understanding one's current reality, contemplating a personal vision, and doing what is necessary to close the gap. Having a clear view of your current reality is at least as important as having a clear vision of your desired future state. Acknowledging the truth about your current reality is not always easy, but once embraced, it becomes a generative force. The key here is to be a sponge for feedback and to recognize that feedback comes in many forms, formal and informal—even in the way people react to you, including their body language and behaviours. Pursuing your personal vision then becomes a commitment to the truth of your current reality and your continuous development toward that vision. Personal mastery involves discipline, lifelong learning, and reflecting on what matters to you.

Although intelligence and technical skills are important for leaders, there is considerable evidence that the most effective leaders share a high degree of "emotional intelligence" (EI). Daniel Goleman popularized this term in his 1995 book *Emotional Intelligence*.[2] Since then, Goleman and others have refined the concept, delineating four dimensions of EI: self-awareness, self-management, social awareness, and relationship management.[3] Each dimension contains specific competencies. As examples, self-awareness includes accurate self-assessment and self-confidence; self-management includes emotional self-control and optimism; social awareness includes empathy; and relationship management includes influence and collaboration. At the very least, it is valuable for leaders to be aware of the impact of EI on team dynamics and functioning. EI is essential for all emergency physicians: self-awareness and self-management improve the "situational awareness" mindset required in the chaotic ED, with its constant interruptions and demands to improve patient flow and the individual patient experience.

It is important to learn different styles of leadership. Effective leaders skillfully move from one style to another depending on the situation. When change is on the horizon, it is important for the leader to be visionary. Democratic leadership is appropriate when developing consensus. In a crisis, command and control are sometimes necessary. Using the wrong approach in a given situation may lead to failure.

Vision

People want their work to be meaningful; they enjoy being inspired. A vision of the future that is a worthy purpose motivates members of a team to transcend their self-interests for a greater good. Successful leaders inspire the commitment of followers to achieve a common purpose. They can articulate a vision of the future that is better than the current reality. A vision formulated by a leader may be compelling; however, asking people to pursue that vision is often described as getting "buy-in," which implies that the vision is being sold by the leader and accepted (or not) by the people. At best, this approach results in compliance, not commitment. The most compelling vision for a group is shared vision.

When the brainpower of the entire team is harnessed, the resulting vision can be exponentially better than one created alone. A key success factor in leading people through change is engaging them in a meaningful way at an early stage. This is particularly true for physicians. Engaging the hearts and minds of the team is an important step in creating a desired future state. People commit to what they create. Developing and articulating an inspiring shared vision are the heart of true leadership.

Careful recruitment

Recruitment of new staff and mentoring current staff are critical tasks for any ED chief. Much time is spent on strategic and operational planning, but the wrong culture can undermine any well-intentioned effort. The "warm body" approach to departmental staffing is a recipe for failure. Leaders are successful to the degree that they surround themselves with the right people. In his book *Good to Great*, Jim Collins notes that getting the "right people on the bus" is a key to success in business, and his lessons are just as relevant to health care.[4] Experienced ED leaders are always in recruitment mode, seeking and nurturing new recruits to

change the culture and tone of the department. Values are important; these need to be explicit and should be discussed during the selection process for new staff.

It is important to identify the clinical and academic direction for your department and then with them carefully recruit new members who will advance the vision. Emergency medicine is a demanding specialty, so excellence in clinical care is of primary importance. The best indicator of future behaviour is past behaviour, so when the new recruit is not known, telephone discussions with physicians and nurses at his or her previous department are critical to ensure clinical competency, professionalism, and teamwork. Always look for leadership potential in new recruits. Succession planning is often best done from within, so developing future leaders is an important consideration.

Proactive goal setting and feedback are critical. If you deal with staff performance only when a crisis occurs, you have missed an opportunity for development. Annual performance review tools are available to guide your process, and an ED information system is a rich source of comparative performance data. Paying attention to the career development of your staff is a rewarding and underappreciated part of the chief's role. It takes courage to deal with poor performers; remember that the poor performance often implies poor alignment with values and culture. Moving them on to other opportunities is not for the faint-hearted, but over time, it is usually the best solution for all parties.

Attention to culture

Good leaders understand the profound importance of culture. Peter Drucker was one of the most influential thinkers and business management writers of our time. One of his most famous quotations is "Culture eats strategy for breakfast." Indeed, the best of plans cannot be achieved or sustained without a supportive culture.[3–6] The soft stuff really is the hard stuff.

The culture of an organization is defined by its behavioural norms—that is, how the members of that organization live their values. The emphasis here is on behaviour, and actions speak louder than words. An organization may have written an admirable set of values, but if those values are regularly transgressed, the culture will be quite different from intended.

The most effective teams have a strong, values-based culture that enables what they are trying to accomplish.

People on these teams have a clear sense of the team's purpose and direction, as well as how they will do their work. As with shared vision, it is desirable to engage people in developing the values that they will commit to live by. It is important then to call people on discordant behaviour. If you permit it, you promote it; if you accept it, you deserve it.

Certain cultural features are desirable in health care. These include high standards of professionalism and a focus on quality and safety. A "no blame" attitude toward incidents enables the identification of opportunities for system improvements. Other values that support excellence in health care organizations are respect, integrity, accountability, and those of a "learning organization."[5]

A culture where attitudes and emotions are more positive than negative can significantly enhance performance, decision making, and job satisfaction. This is supported by the work of Kim Cameron and others in the area of positive organizational scholarship. In his book *Positive Leadership*, Cameron provides a number of strategies that enable a positive culture and improve organizational effectiveness.[6] Negative occurrences have a disproportionately powerful impact compared to positive ones (by a factor of about 3:1); extra efforts are required to foster and maintain a positive environment. Focusing on strengths rather than weaknesses, optimism over pessimism, and supportive rather than critical communication all tend to promote "positively deviant" performance—performance that greatly exceeds expectations.

Excellent communication

Communication may be the most important leadership skill. The mantra "communicate, communicate, communicate" is widely accepted, especially in the health care system, which is one of the most complex organizational models in existence. The reality of shift work and physicians working at multiple sites makes communication more challenging for a chief of emergency medicine. Our interdisciplinary collaborative practice and the face-to-face and electronic communication that occurs in the clinical department are sources of endless opportunities for misinterpretation and frustration.

Communication skills can be taught, and courses that focus on difficult communications (e.g., conflict resolution) can enhance a leader's effectiveness. Videotaping, coaching, and role-playing with actors are excellent investments of time and resources for any new chief. Make sure that you are framing messages positively and in keeping with the team and organizational culture.

Meetings may be the most common form of communication, but face to face is the most effective form. Tours through the ED have tremendous value, and experienced leaders build this into their weekly schedule, some allocating up to 20% of their time to "walking around." Interaction with the ED manager should also be part of the daily routine. A chief needs to be strategic about communication with other department chiefs and hospital leadership. Quarterly updates with senior administration allow a good chief to build relationships and anticipate issues rather than manage crises when emotions run high.

Email warrants special mention. Remember that it works best for the transfer of technical information. Never deal with difficult or emotional issues using email. Email can be a huge time waster, especially when having to deal with fallout and mixed messages. In addition, one must always be aware of the potential for email messages to go "viral" or be requested under freedom of information legislation.

Give consistent, simple messages that set strategic directions. Pay attention to good leaders and watch how they communicate. Get coaching, media training, or whatever it takes. In our complex, changing environment, with 24/7 information flow, paradoxically, front-line staff often cite poor communication from management as one of their most serious concerns.

Leading change

Change is a constant in health care. Health care leaders need to be more than comfortable with change; they need to be skilled at leading it. Again, there is an enormous amount of literature and many professional development courses on change management. In his book *Leading Change*, John Kotter describes eight stages for a successful change process, which are often referred to by administrators and are worth being familiar with.[7] Essential components for success are a compelling case for change, engaging people in planning the change, abundant and effective communication, celebrating early wins and successes, and anchoring the change in the group culture.

Physician engagement is a key success factor in enabling change in health care. Lessons from the

physician engagement literature include involving physicians early in any change, valuing time commitments, using data in a sensible manner, linking proposed changes to patient outcomes, appealing to individual physician responsibility, and engaging informal leaders in change.[8]

Successful change involves both leadership and management. Whereas leadership involves engaging the hearts and minds of the team, management is about getting the job done, that is, execution excellence. In business, leadership is often separated from management: the chief executive officer holds the vision and leads, whereas the chief operating office manages day-to-day operations. In the ED, those two roles are usually united in the chief. Management involves setting goals, planning the steps to achieve those goals, establishing control systems, and tracking progress with carefully selected indicators. Goals should be SMART—that is, Specific, Measurable, Achievable, Realistic, and Time bounded.[9]

Only through good management are our visions and strategies realized. The fact that so many plans fail to achieve their goals is a good indication of how difficult it is to lead and manage change. However, as success with change creates such a positively energized environment, it is worthy of great effort.

System thinking

Experienced clinicians know that when we speak of the health care system, it is not a system at all. Emergency medicine lives at the intersection of acute, primary, and community care, where transitions and handovers can be difficult and confusing to patients and caregivers. As health care providers, we are taught to deliver the best care possible to our patients, based on best evidence and available resources. We do not often think about larger system issues, either in the hospital or in the broader region that it serves.

The term *system thinking* is used to describe the breakthrough improvements in performance that can occur when the "big picture" is considered. It involves considering organizational strategy, structure, human resources, incentives, decision support, information systems, culture, and the broader system environment. System thinking recognizes that improving complex system issues involves making incremental improvements that address the true root causes.

ED gridlock is an example of a complex system problem. We often think the solution is more resources, such as beds, staff, and diagnostic technology. System thinking reveals that many of the root causes of ED overcrowding are upstream and downstream from the ED, which is where many important solutions are to be found. Using principles of system thinking, we can also identify opportunities to contribute to system improvement by making improvements within our departments. We can redesign processes to eliminate waste and redundancy and to improve patient flow, safety, and satisfaction. For us to understand the system, however, we have to leave the confines of the ED and interact with all facets of the hospital.

System thinking requires skills in quality improvement and an approach that allows new ideas, often from outside health care, to be introduced into practice. To provide leadership in complex areas such as overcrowding, readmissions, best evidence at the point of care, and most appropriate provider for various presenting complaints, an ED chief must develop strong system knowledge. A visionary chief needs to carefully transform culture to be truly patient and family centred and focused on the entire continuum of care rather than just the brief episode of care in the ED.

SUMMARY

This article is a summary of the key attributes of successful health care leaders. Leadership is a constellation of interrelated skills that can be learned, and the opportunities for this learning are abundant. Leadership is a privilege and can be incredibly rewarding, but with privilege comes accountability. Leaders can have a tremendous impact on the people they serve. They inspire hope in others and the belief that they can make a positive difference. Leaders inspire the commitment of their team to continually expand their capacity to achieve a shared vision. We can all think of leaders in our lives for whom we had enormous respect. They inspired us, treated us with respect, and valued our contributions.

Enjoy your leadership journey.

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