

# Leadership: Competency Assessment with a Focus on Advancement of Women in Medicine

Elissa J. Palmer MD FAAP

Professor and Chair  
Department of Family and Community Medicine  
University of Nevada Las Vegas (UNLV) School of Medicine

2018



## Disclosure Statement

It is the policy of the AAFP that all individuals in a position to control content disclose any relationships with commercial interests upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest. If conflicts are identified, they are resolved prior to confirmation of participation. Only participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.

All individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Leadership: Competency Assessment with a Focus on Advancement of Women in Medicine

- Delineate issues related to gender discrepancies in academic medicine leadership
- Identify gaps in personal leadership competencies
- Gauge participant innovation levels and demonstrate 'inside-the-box' method of systematic innovation
- Develop an action plan to enhance leadership skills while using an innovation technique presented to solve a problem or create a breakthrough

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Leadership

- The underrepresentation of women in leadership positions in industry and medicine continues even though the proportion of women in the workplace has increased.
- Recruitment, mentorship and advancement within academic medicine is challenging.
- The literature suggests that women may experience a number of gender-related individual challenges that impact their promotion and path to leadership, including gender differences in approaches to career and life goals.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# 1<sup>st</sup> National Women Physicians Day 2016

*“If society will not admit of women’s free development, then society must be remodeled.”*

-Elizabeth Blackwell, MD

Born February 3, 1821

First woman to receive a medical degree in America at Geneva Medical College (now known as Hobart and William Smith Colleges).

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Leadership

- I. Gender Discrepancies
- II. Personal Leadership Competencies
- III. Innovation Levels / ‘Inside-the-Box’
- IV. Action Plan

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Leadership

## I. Gender Discrepancies

## II. Personal Leadership Competencies

## III. Innovation Levels / 'Inside-the-Box'

## IV. Action Plan

AMERICAN ACADEMY OF FAMILY PHYSICIANS

### The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership, 2015-2016

#### **METHODS:**

- The Women in Medicine and Science (WIMS) Benchmarking Survey was distributed via email to the Group on Women in Medicine and Science (GWIMS) Designated Representatives and Faculty Roster Representatives at U.S. medical schools fully accredited by the Liaison Committee on Medical Education (LCME).
- Members had six weeks to complete the survey, and GWIMS Designated Representatives were encouraged to partner with Faculty Roster Representatives at their schools to complete the survey.
- This report primarily features information from the WIMS Survey with nonrespondent school data provided from the AAMC's Faculty Roster.

Lautenberger, D., V. Dandar, C. Raezer, and R. A. Sloane. The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership, 2015-2016. Association of American Medical Colleges, Washington, DC, 2016.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## The State of Women in Academic Medicine

Students	Residents	Full Time Faculty
Full Professors	Tenured Professors	Division Chiefs
Department Chairs	Senior Associate Vice Deans	Deans

Lautenberger, D., V. Dandar, C. Raezer, and R. A. Sloane. The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership, 2015-2016. Association of American Medical Colleges, Washington, DC, 2016.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

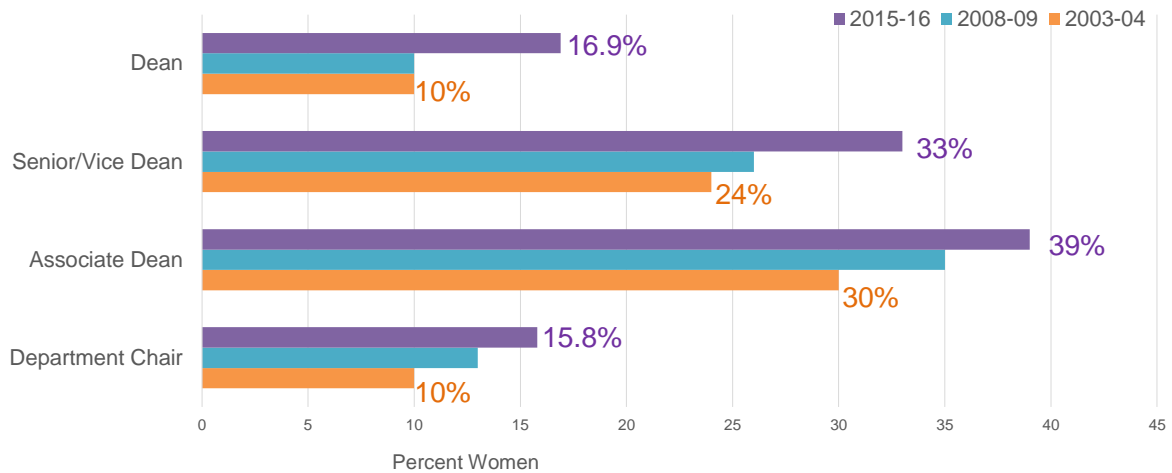
## The State of Women in Academic Medicine

Students 46.3%	Residents 34.9%	Full Time Faculty 38%
Full Professors 22.5%	Tenured Professors 14%	Division Chiefs 34%
Department Chairs 15.8%	Senior Associate Vice Deans 33%	Deans 16.9%

Lautenberger, D., V. Dandar, C. Raezer, and R. A. Sloane. The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership, 2015-2016. Association of American Medical Colleges, Washington, DC, 2016.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

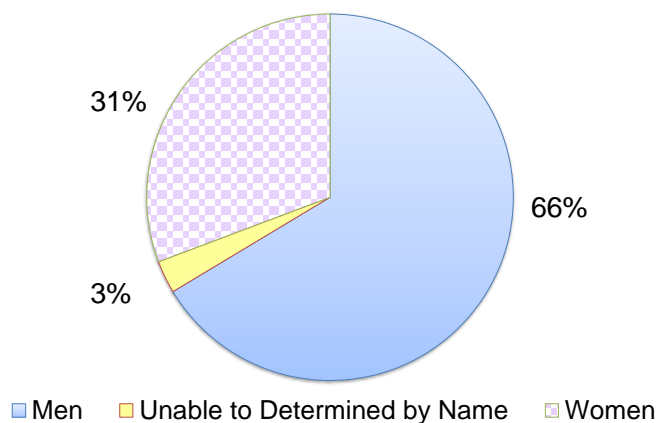
## Comparison of Women in Leadership



Lautenberger, D., V. Dandar, C. Raezer, and R. A. Sloane. The State of Women in Academic Medicine: The Pipeline and Pathways to Leadership, 2015-2016. Association of American Medical Colleges, Washington, DC, 2016.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Current: Family Medicine Program Directors (counted by Dr. Palmer from ACGME Website)



Counted by Dr. Palmer: Source [www.acgme.org](http://www.acgme.org) February 5, 2016  
<https://apps.acgme.org/ads/Public/Reports/ReportRun?ReportId=1&CurrentYear=2015&SpecialtyId=14&IncludePreAccreditation=false>

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Bias

- Women faculty provided fewer institutional resources and lower pay (Tesch et al. JAMA, 1995; Carr et al. Ann Int Med, 1998; Ash et al. Ann Int Med, 2004)
- Women physicians who submit R01 proposals to NIH are significantly less likely than men to be funded (Ley & Hamilton Science, 2008)
- Letters of recommendation for women med school faculty are shorter, have more references to personal life, and contain fewer “outstanding” descriptors (Trix & Psenka, Discourse & Soc, 2003)
- When the gender of the author is known, women are less likely to have their publications accepted (Budden et al, Trends Ecol Evol, 2008)
- Goldberg” designs indicate that work performed by women rated of lower quality than the work performed by men regardless of gender of rater (Isaac et al, Acad Med 2009)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

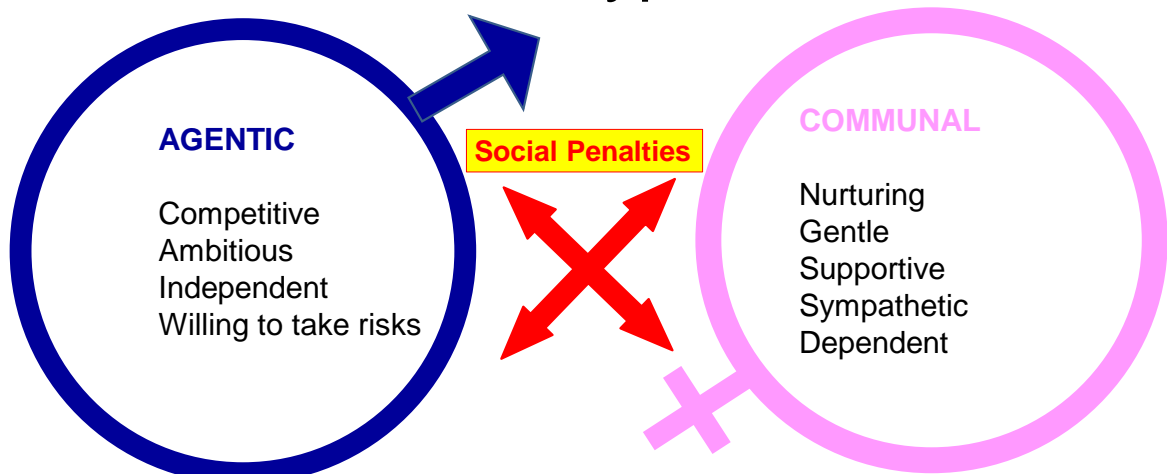
## Stereotypes



Multiple authors over 30 years: e.g. Eagly, Heilman, Bem, Broverman

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Stereotypes



Multiple authors over 30 years: e.g. Eagly, Heilman, Bem, Broverman

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Perceived Challenges in Leadership Positions

Women **IN**

Leadership Positions

- Gender bias (24%)
- Political infighting (35%)

Women **NOT** in

Leadership Positions

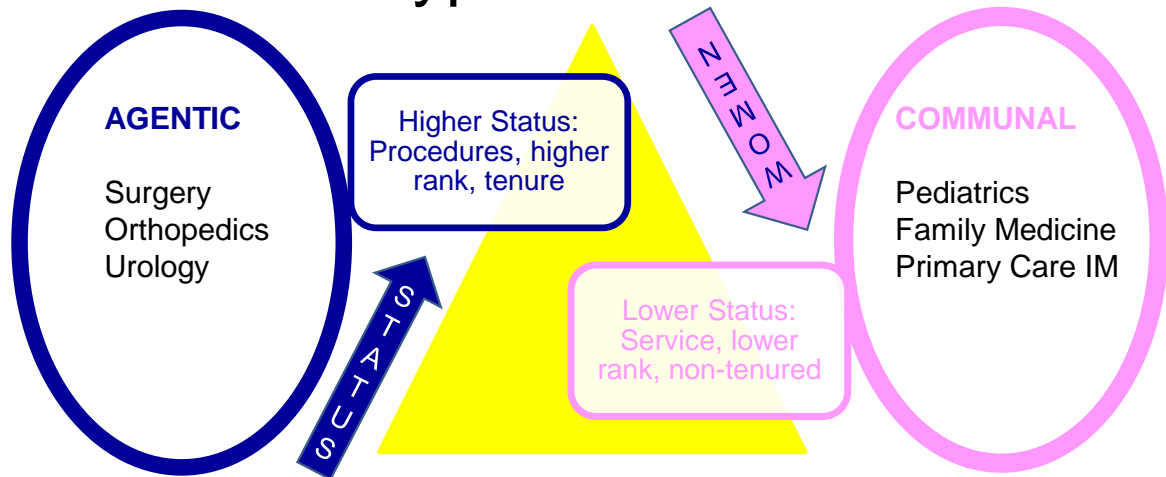
- Gender bias (40%)
- Political infighting (55%)

Shaw, G.. The Picture's Bright for Women's Leadership in Medicine, Survey Finds. *Medscape*. Sep 17, 2015.

AMERICAN ACADEMY OF FAMILY PHYSICIANS



# Stereotypes in Medicine



Carnes, M. How Do Gender Stereotypes Affect Academic Career Development?

[www.hopkinsmedicine.org/women\\_science\\_medicine/\\_pdfs/HOPKINS-Unconscious\\_Bias-01-11-12\\_7final.pdf](http://www.hopkinsmedicine.org/women_science_medicine/_pdfs/HOPKINS-Unconscious_Bias-01-11-12_7final.pdf) Accessed February 3, 2016.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Top Factors in Attaining Leadership Positions

Women **IN**

Leadership Positions

- excelling at their jobs (72%)

Women **NOT** in

Leadership Positions

- building alliances with others (60%)
- support of peers (54%)
- mentors (50%)

Shaw, G.. The Picture's Bright for Women's Leadership in Medicine, Survey Finds. *Medscape*. Sep 17, 2015.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Leadership

I. Gender Discrepancies

**II. Personal Leadership Competencies**

III. Innovation Levels / 'Inside-the-Box'

IV. Action Plan

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Survey: Women as Physician Leaders

### Method:

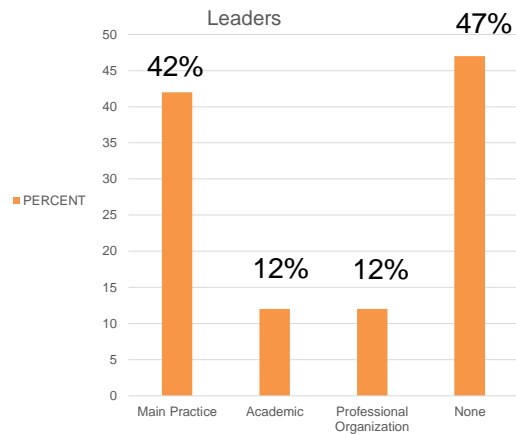
- 3285 female physicians across all specialties
- Query participation and interest in leadership positions

Cajigal, S., G. Weiss and N. Silva. Medscape: Women as Physician Leaders. September 17, 2015.  
<http://www.medscape.com/features/slideshow/public/femaleleadershipreport2015>

## Representation at the Top

### DEFINITION

- **women = leaders**  
held one or more positions of leadership in main practice setting, a professional organization, or an academic department



Cajigal, S., G. Weiss and N. Silva. Medscape: Women as Physician Leaders. September 17, 2015.  
<http://www.medscape.com/features/slideshow/public/femaleleadershipreport2015>

AMERICAN ACADEMY OF FAMILY PHYSICIANS

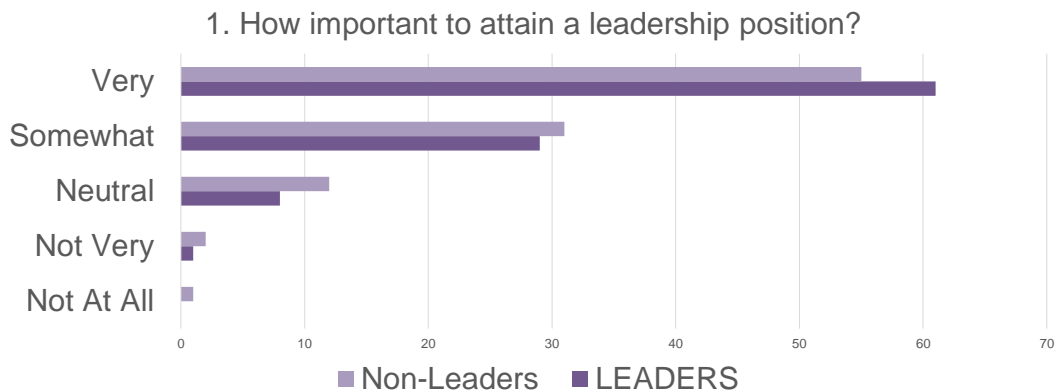
### Poll Question 1

How important is it that women attain a leadership position?

- A. Very important
- B. Somewhat important
- C. Neutral
- D. Not very important
- E. Not important at all

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Survey: Women as Physician Leaders



Cajigal, S., G. Weiss and N. Silva. Medscape: Women as Physician Leaders. September 17, 2015.  
<http://www.medscape.com/features/slideshow/public/femaleleadershipreport2015>

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Poll Question 2

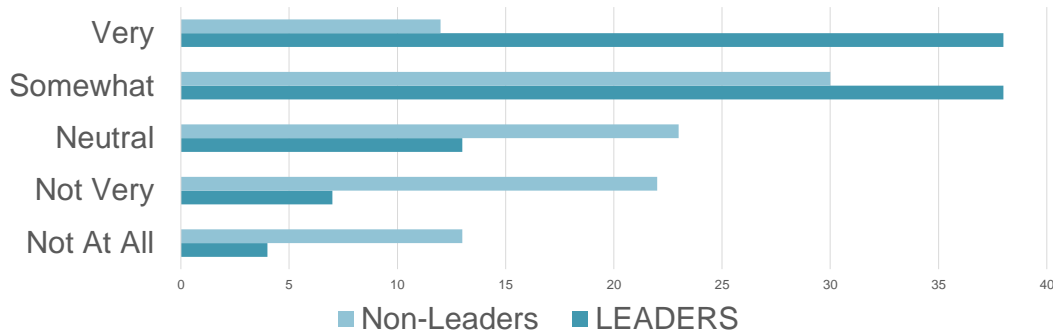
How important is attaining a leadership position for you personally?

- A. Very important
- B. Somewhat important
- C. Neutral
- D. Not very important
- E. Not important at all

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Survey: Women as Physician Leaders

2. How important is attaining a leadership position for you personally?



Cajigal, S., G. Weiss and N. Silva. Medscape: Women as Physician Leaders. September 17, 2015.  
<http://www.medscape.com/features/slideshow/public/femaleleadershipreport2015>

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Poll Question 3

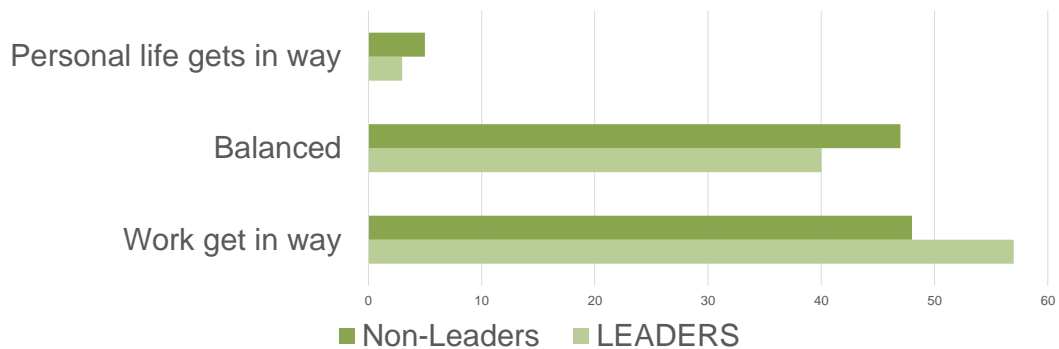
How would you describe your current work-life balance?

- A. Work gets in the way of personal life
- B. Balanced
- C. Personal life gets in the way of work

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Survey: Women as Physician Leaders

3. How would you describe your current work-life balance?



Cajigal, S., G. Weiss and N. Silva. Medscape: Women as Physician Leaders. September 17, 2015.  
<http://www.medscape.com/features/slideshow/public/femaleleadershipreport2015>

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## EXERCISE: Leadership

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Exercise: Leadership Competencies

- Competence
- Character
- Vision
- Communication
- Commitment
- Cohesion
- Decision Making
- Action Taking
- Resilience
- Renewal

Leadership Tool Kit used with permission (February 2016). Physicians as Leaders: Who, How, and Why Now. P. Pugno and M. McKenna. Radcliffe Publishing Ltd, 2006.

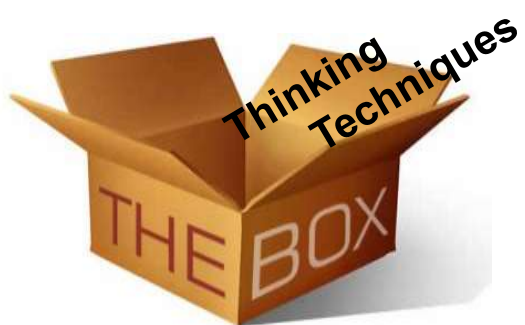
AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Leadership

- I. Gender Discrepancies
- II. Personal Leadership Competencies
- III. Innovation Levels / 'Inside-the-Box'**
- IV. Action Plan

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## SYSTEMATIC INVENTIVE THINKING



AMERICAN ACADEMY OF FAMILY PHYSICIANS

## GAUGE INNOVATIVE THINKING

WHERE  
ARE  
YOU?





# EXERCISE: Innovation

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## INNOVATOR QUIZ

### Are YOU an Innovator?

Place a check mark beside the statement you agree with most.

1. ☐ A. Innovation occurs by adding features to a product.  
☐ B. Innovation occurs by taking features out of a product.
2. ☐ A. Innovation is finding problems that are solved by hypothetical solutions.  
☐ B. Innovation is finding solutions to difficult problems.
3. ☐ A. I am more likely to innovate when I work alone.  
☐ B. I am more likely to innovate when I work in a group.
4. ☐ A. Innovation is more about creating novel ideas.  
☐ B. Innovation is more about selecting the best ideas.
5. ☐ A. When I innovate, I "brainstorm" ideas out of my head.  
☐ B. When I innovate, I follow a series of steps to find ideas.
6. ☐ A. Innovating is predictable and not risky.  
☐ B. Innovating is unpredictable and risky.
7. ☐ A. The ability to innovate is a gift that you are born with.  
☐ B. The ability to innovate is a skill that you can learn.
8. ☐ A. I prefer ambiguity when pondering new ideas.  
☐ B. I prefer clarity when pondering new ideas.
9. ☐ A. The Post-It Note is a good example of innovation because it was spontaneous.  
☐ B. The Post-It Note is a bad example of innovation because it was spontaneous.
10. ☐ A. I feel responsible for innovating new ideas.  
☐ B. I feel others are responsible for innovating new ideas.
11. ☐ A. Innovating is a random, improvisational, back-and-forth experience.  
☐ B. Innovating is a systematic, linear experience.
12. ☐ A. Constraints on resources like time and money drive innovation.  
☐ B. Constraints on resources like time and money inhibit innovation.
13. ☐ A. Homogeneous groups are more likely to innovate.  
☐ B. Diverse groups are more likely to innovate.
14. ☐ A. Innovation can be scheduled. It can occur anytime I want.  
☐ B. Innovation cannot be scheduled. It occurs randomly.
15. ☐ A. Innovation is an unstructured process.  
☐ B. Innovation is a patterned, "templated" process.

[www.insidetheboxinnovation.com](http://www.insidetheboxinnovation.com) Copyright 2013 Drew Boyd and Jacob Goldenberg

AMERICAN ACADEMY OF FAMILY PHYSICIANS

### Scoring the *Are YOU an Innovator?* QUIZ

- For odd numbered questions, give yourself one point for each “B” statement.
- For even numbered questions, give yourself one point for each “A” statement.

#### How do you rate?

POINTS	Guideline
11 to 15	Consider yourself an innovator
6 to 10	Innovating is a mixed bag for you, but you may be headed in the right direction
0 to 5	Consider formal training

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## EXERCISE: Thinking

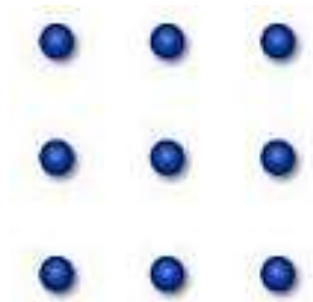
AMERICAN ACADEMY OF FAMILY PHYSICIANS

# NINE DOT PUZZLE



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

## NINE DOT PUZZLE

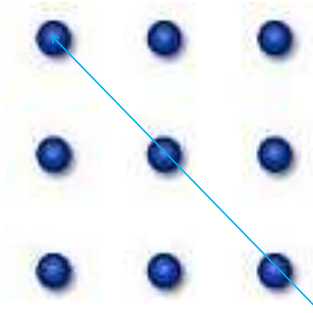


Connect all nine dots using 4 straight lines  
without lifting your pen off the paper

JP Guilford, psychologist 1970's

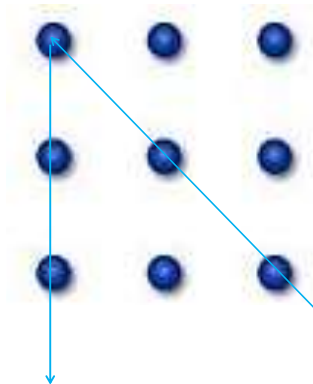
AMERICAN ACADEMY OF FAMILY PHYSICIANS

## NINE DOT PUZZLE



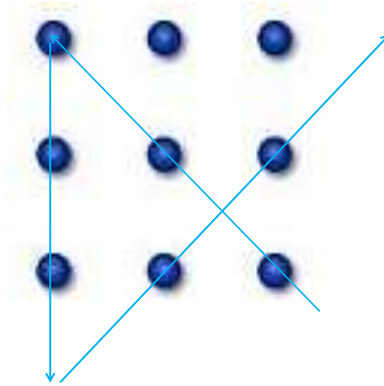
AMERICAN ACADEMY OF FAMILY PHYSICIANS

## NINE DOT PUZZLE



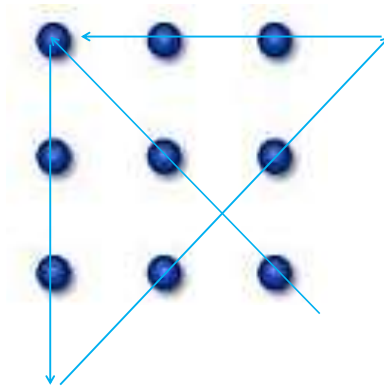
AMERICAN ACADEMY OF FAMILY PHYSICIANS

# NINE DOT PUZZLE



AMERICAN ACADEMY OF FAMILY PHYSICIANS

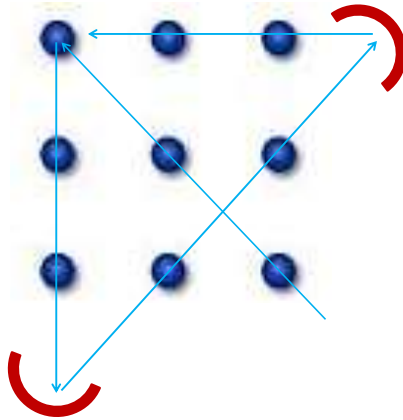
# NINE DOT PUZZLE



AMERICAN ACADEMY OF FAMILY PHYSICIANS

## NINE DOT PUZZLE

**“Thinking  
outside  
the box”**



J. P. Guilford, as referenced in *Inside the Box: A Proven System of Creativity for Breakthrough Results*

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## NINE DOT PUZZLE

What percentage of people solve the puzzle and are thus, *creative*?

**Given same instructions  
as you were given**

## NINE DOT PUZZLE

What percentage of people solve the puzzle and are thus, *creative*?

Given same instructions as  
you were given

- 20%

## NINE DOT PUZZLE

What percentage of people solve the puzzle and are thus, *creative*?

Given same instructions as  
you were given

- 20%

Given explicit instructions to  
think outside the box

- **25%**
- Burnham/Davis & Alba/Weisberg
- Additional 5% not statistically significant
- Thinking outside the box and creativity = myth

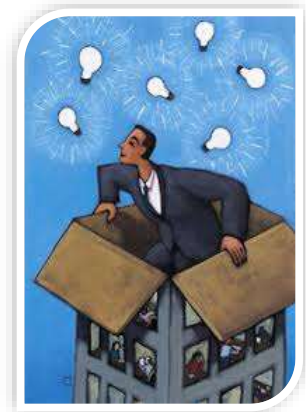
# Systematic Inventive Thinking



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

## WHAT IS SYSTEMATIC INVENTIVE THINKING ?

- Innovating methodically
- A practical approach to creativity, innovation and problem solving
- Using patterns, templates and tools in creative thinking



AMERICAN ACADEMY OF FAMILY PHYSICIANS



## BENEFITS OF SYSTEMATIC INVENTIVE THINKING

- Provides a framework for creative thought, innovation, problem solving
- Simplifies and organizes thought processes
- Provides techniques to “prime the pump”, fight closed mindedness, provide new perspectives, escape functional fixedness
- Helps to engage participants

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Examples Systematic Inventive Thinking

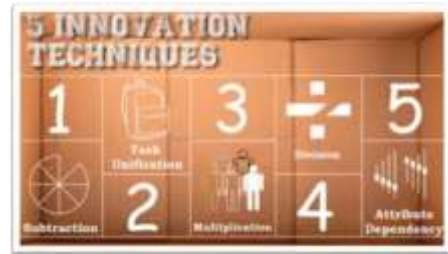
- Inside the Box
- Lateral Thinking



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

# THINKING INSIDE THE BOX

Boyd and Goldenberg



*Inside the Box A Proven Strategy of Creativity for Breakthrough Results*

Drew Boyd and Jacob Goldenberg, NY: Simon & Schuster 2013

ISBN 978-1-4516-5925-2

## Thinking Inside the Box

### 5 TECHNIQUES

1. Subtraction
2. Division
3. Multiplication
4. Task Unification
5. Attribute Dependency



## Thinking Inside the Box

### 5 TECHNIQUES

$$\begin{array}{r} 10784.36 \\ 5 \times 9 \div 1 \\ \hline 2.719372 \end{array}$$

1. Subtraction – removing a component
2. Division – take a component and rearrange its function, take a component and change it physically, or divide the component into smaller pieces retaining function
3. Multiplication – create a copy of one of the components, change the multiplied component in some way
4. Task Unification – take an existing feature and give it additional responsibilities
5. Attribute Dependency – correlate a selected attribute with one another

## Thinking Inside the Box

### 5 TECHNIQUES

How does it work?

Subtraction

- i. Identify the outcome, goal or product
- ii. list the components
- iii. remove an essential component
- iv. Visualize result
- v. Ask could this be valuable? Feasible?



## Thinking Inside the Box

5

TECHNIQUES

### Techniques

### Samples

1. Subtraction – removing a component
2. Division – take a component and rearrange its function, take a component and change it physically, or divide the product into smaller pieces retaining function
3. Multiplication – create a copy of one of the components, change the multiplied component in some way
4. Task Unification – take an existing feature and give it additional responsibilities
5. Attribute Dependency – correlate attributes with one another


## Thinking Inside the Box

5

TECHNIQUES

### Techniques

### Samples

1. Subtraction – removing a component
2. Division – take a component and rearrange its function, take a component and change it physically, or divide the product into smaller pieces retaining function
3. Multiplication – create a copy of one of the components, change the multiplied component in some way
4. Task Unification – take an existing feature and give it additional responsibilities
5. Attribute Dependency – correlate attributes with one another

No frills airlines, ear buds, dry erase markers
Printers with individual color ink cartridges
Picture-in- picture TV
Moisturizers with sunscreen, ads on buses
Headlights that dim automatically, eyeglasses that darken outdoors

5

TECHNIQUES

## Thinking Inside the Box

### The Components:

- Faculty Core
- Residents Core
- Staff Core
- Clinic Core
- Faculty Rural
- Residents Rural
- Staff Rural
- Clinic Rural
- Hospital (Rural) Administration
- Curriculum

#### Techniques

1. Subtraction – removing a component
2. Division – take a component and rearrange its function, take a component and change it physically, or divide the product into smaller pieces retaining function
3. Multiplication – create a copy of one of the components, change the multiplied component in some way
4. Task Unification – take an existing feature and give it additional responsibilities
5. Attribute Dependency – correlate attributes with one another

#### Samples

Advanced Life Support in OB (ALSO): Copied curriculum for rural community adding paramedics to docs, nurses and then multiplied safety portion to combine with TeamSTEPPS

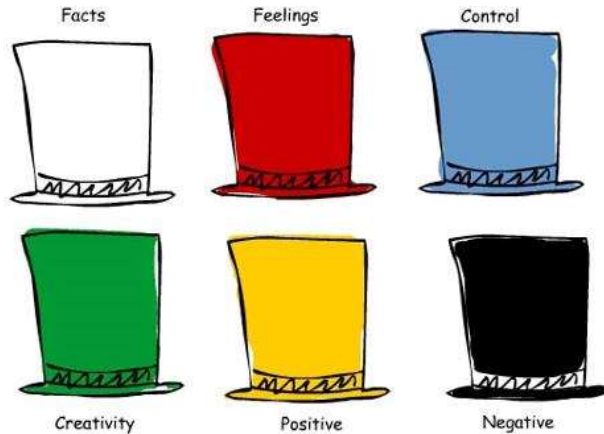
THINKING  
INSIDE  
THE BOX

Boyd and Goldenberg

➤ LATERAL THINKING

**Six Thinking Hats**

Viewing a problem from different perspectives depending on which “hat” you’re wearing



Edward De Bono, NY: Little Brown & Co 1985 ISBN 0-316-17791-1

## Lateral Thinking

### WHITE HAT

**Thinking**

Neutral and objective  
Concerned with facts  
and figures

**Encourages**

Thinker to separate clearly  
what is fact and what is  
extrapolation or  
interpretation

10784.36  
5x9÷1  
2.71828

### BLACK HAT

**Thinking**


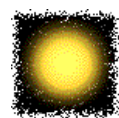
Gloomy and negative





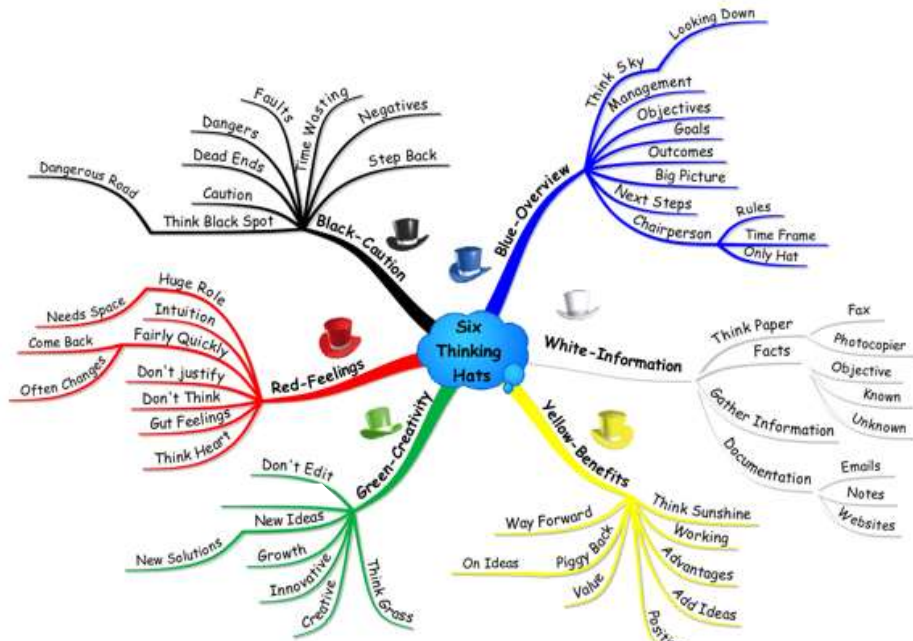
**Allows**

Problem to be pointed out  
for comments about why it will not  
work

Statement NOT problem solving

Lateral Thinking	
RED HAT	YELLOW HAT
<p><b>Thinking</b></p> <p>Anger, rage, emotions Emotional view</p> <p><b>Gives</b></p> <p>Official permission for expression of feelings to range from pure emotions to hunches Freedom not to justify or explain feelings</p> 	<p><b>Thinking</b></p> <p>Sunny and positive Focuses on optimism, benefits</p>  <p><b>Develops</b></p> <p>Listing of positive points which may not be obvious at first Constructive thinking and trying to make things happen</p>

Lateral Thinking	
GREEN HAT	BLUE HAT
<p><b>Thinking</b></p> <p>Abundant, fertile growth Creativity, new ideas</p> <p><b>Creates</b></p> <p>Alternatives, change, new approaches to problems</p> 	<p><b>Thinking</b></p> <p>Cool, sky color, above everything else Control and organization of the thinking process</p>  <p><b>Organizes</b></p> <p>The 'use' of other hats Other aspects of thinking such as the assessment of priorities, listing of constraints</p>



By [Faizel Mohidin](#) on October 17, 2009 in [Mind Mapping](#), [Mind Maps at Work](#), [Mind Maps in Education](#)

## OBSTACLE

Physicians ↔ Hospital Administration

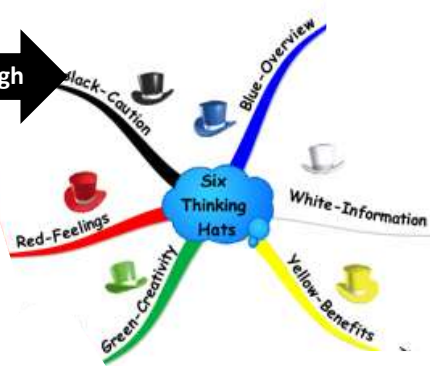




## OBSTACLE

Physicians ↔ Hospital Administration

Negatives:  
Push back  
Not fast enough  
Conflict



## OBSTACLE

Physicians ↔ Hospital Administration

Negatives:  
Push back  
Not fast enough  
Conflict



Gather  
Information:  
Money flow  
Finances

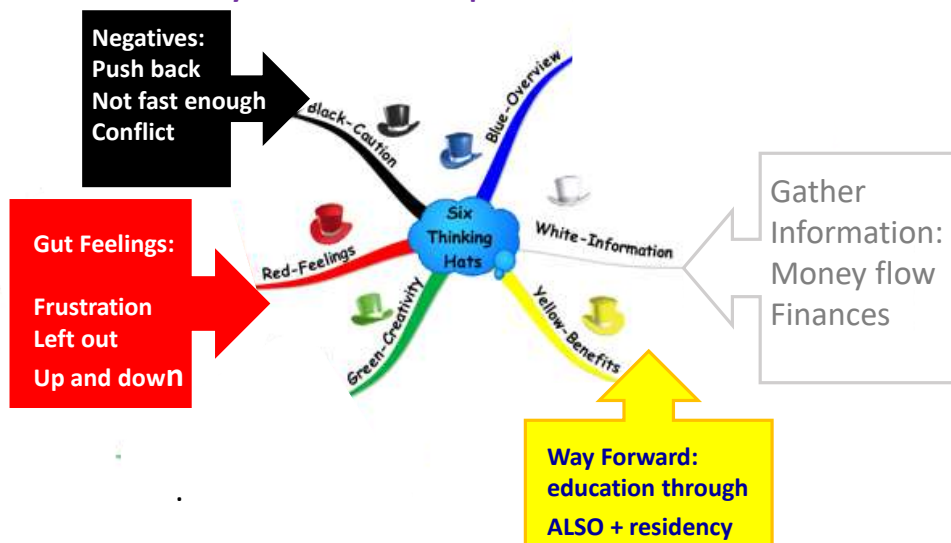
## OBSTACLE

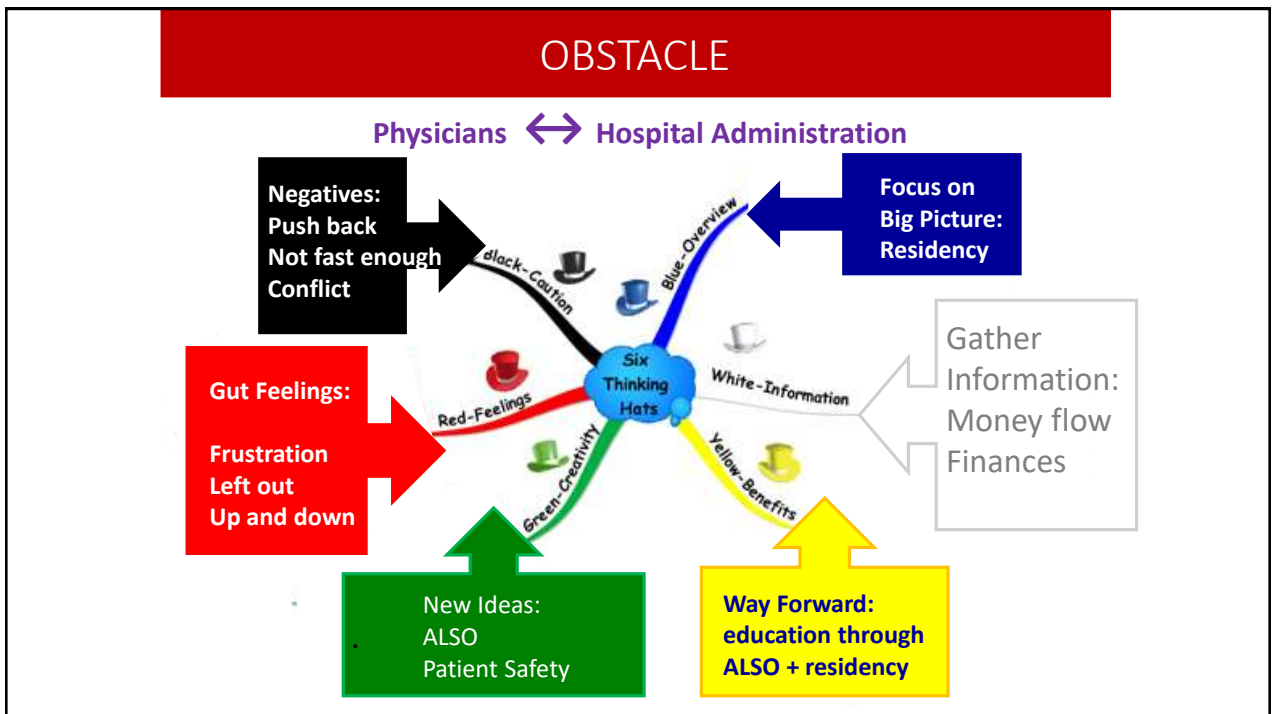
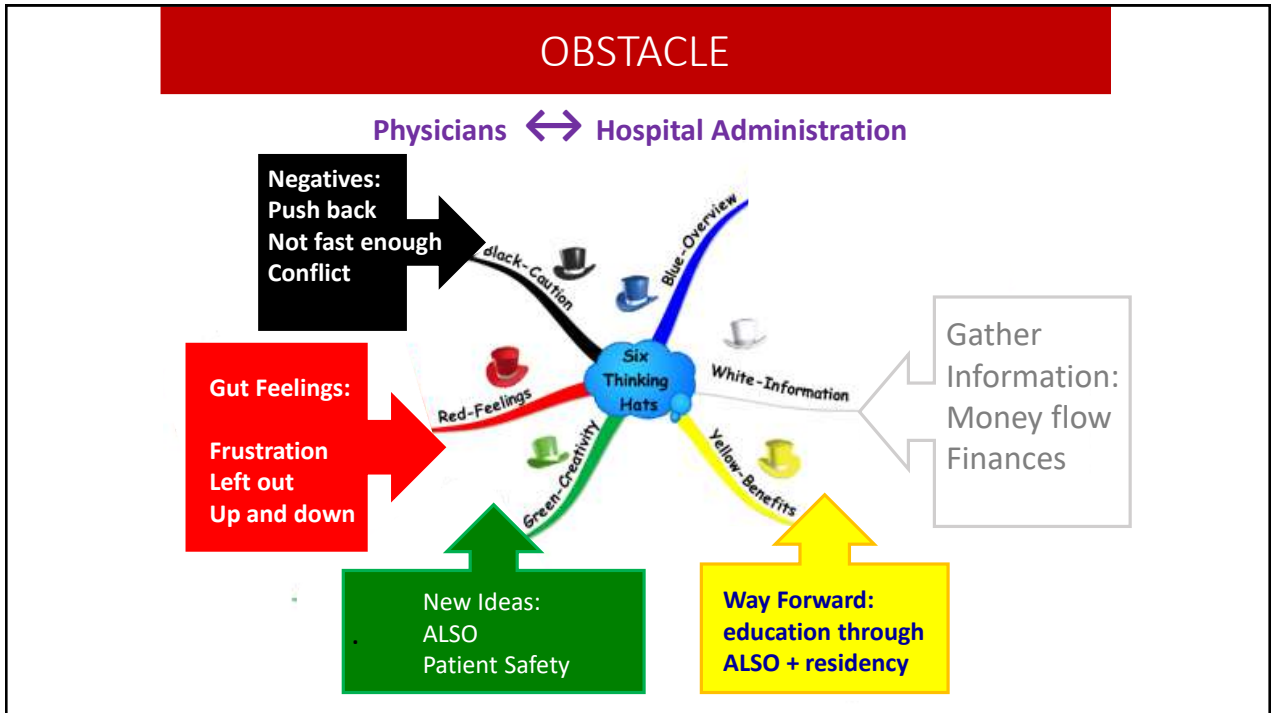
Physicians ↔ Hospital Administration



## OBSTACLE

Physicians ↔ Hospital Administration





# EXERCISE



AMERICAN ACADEMY OF FAMILY PHYSICIANS

## EXERCISE: Tools

### Your Activity

#### Thinking Inside the Box

- Identify a new project, goal, outcome or product
- Enter the components and attributes of the project
- Select one of the five techniques to apply to the new project
- Capture new ideas discovered
- List the benefits
- Implement / document results

#### Choose a Technique

- 5 Techniques
  - Subtraction
  - Division
  - Multiplication
  - Task unification
  - Attribute dependency
- Six Thinking Hats

# Leadership

- I. Gender Discrepancies
- II. Personal Leadership Competencies
- III. Innovation Levels / 'Inside-the-Box'
- IV. Action Plan**

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Bias

- Bias training
  - significantly changed all faculty members' perceptions of bias
  - had a small but significant positive effect on the implicit biases surrounding women and leadership of all participants regardless of age or gender
- Male gender and age were significantly associated with greater implicit bias associating leadership with men more than women

Issac, C., B. Lee, and M. Carnes. 2009. **Interventions that affect gender bias in hiring: a systematic review.** *Acad Med.* 84(10):1440–1446

Carnes, M. et al. **The effect of an intervention to break the gender bias habit for faculty at one institution: a cluster randomized, controlled trial.** *Acad. Med.* 2015 Feb;90(2):221-30.

Sabine, G., F. Magali, et.al. **Reducing Implicit Gender Leadership Bias in Academic Medicine With an Educational Intervention.** *Academic Medicine*, published ahead of print, accessed February 5, 2016  
[http://journals.lww.com/academicmedicine/Abstract/publishahead/Reducing\\_Implicit\\_Gender\\_Leadership\\_Bias\\_in.98579.aspx](http://journals.lww.com/academicmedicine/Abstract/publishahead/Reducing_Implicit_Gender_Leadership_Bias_in.98579.aspx)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Leadership Tools and Programs

## Tool Kit:

Physicians as Leaders: Who, How, and Why Now. P. Pugno and M. McKenna.

Radcliffe Publishing Ltd, 2006.

Leadership Architect Suite. Lominger Ltd. [www.lominger.com](http://www.lominger.com)

## Programs:

National Institute of Program Director Development (NIPDD) [www.afmrd.org](http://www.afmrd.org)

Association of American Medical Colleges: Early and Mid-Career Women Faculty  
Professional Development Seminar

*Hedwig van Ameringen* Executive Leadership in Academic Medicine® (ELAM®)

<http://www.drexel.edu/medicine/Academics/Womens-Health-and-Leadership/ELAM/>

NEW Network of Women Executives <http://www.newonline.org/>

AMERICAN ACADEMY OF FAMILY PHYSICIANS

# EXERCISE: Action Plan

1.

2.

3.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).



# Social Q & A

## Leadership: Competency Assessment with a Focus on Advancement of Women in Medicine

Thank you

Elissa J Palmer MD FAAFP

[elissa.palmer@unlv.edu](mailto:elissa.palmer@unlv.edu)

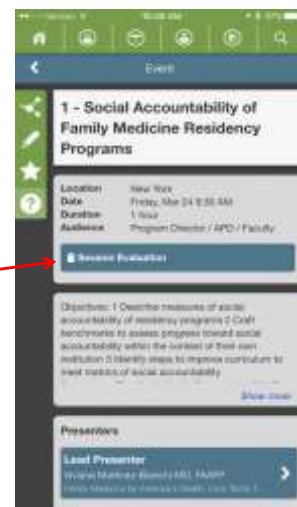


AMERICAN ACADEMY OF FAMILY PHYSICIANS

Please...

Complete the  
session evaluation.

Thank you.





## RESOURCES

1. Boyd, D. (2012). [www.innovationinpractice.com](http://www.innovationinpractice.com)
2. Boyd, D. (2007). A Structured, Facilitated Team Approach to Innovation. *Organization Development Journal*, Special Edition, Fall 2007, Volume 25: Number 3. 119-122.
3. Boyd, D. and J. Goldberg. *Inside the Box A Proven Strategy of Creativity for Breakthrough Results*, NY: Simon & Schuster (2013)
4. De Bono, E. *Six Thinking Hats*, NY: Little Brown & Co (1985)
5. Goldenberg, J., Horowitz, R., Levav, A., & Mazursky, D. (2003). Finding Your Innovation Sweet Spot. *Harvard Business Review*, 10. 120-129.
6. Schirr, G. R. (2012). Flawed Tools: The Efficacy of Group Research Methods to Generate Customer Ideas. *Journal of Product Innovation Management*, 29:473–488.
7. Michalko, M. *Thinkertoys: A Handbook of Creative-Thinking Techniques*, NY: Random House (2006)
8. Mohidin, F. Mind Map of the Six Thinking Hats – Radiant Thinking meets Lateral Thinking, in *Mind Mapping, Mind Maps at Work, Mind Maps in Education* (October 17, 2009).
9. Mongeau, Paul A. (1993). The Myth of Brainstorming. ERIC, ED357399, 1-24.
10. Smith, H. (2005). What Innovation Is. CSC White Paper. European Office of Technology and Innovation.



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  

---

STRONG MEDICINE FOR AMERICA