

Today's leaders need more than vision and a high IQ.

PHYSICIAN

A New Model for a New Generation

LEADERSHIP

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Years ago, General Motors (GM) launched a marketing campaign to attract new buyers to an old concept: the Cadillac. Declining sales led GM to update its classic model to appeal to new and younger car owners. Like the Cadillac, the concept of leadership in family medicine is in need of a makeover to suit a new generation of leaders. Traditional notions of leadership were espoused at a time when the majority of physician leaders were male, the doctor-patient model was patriarchal and life balance was defined as one early afternoon tee-time, never mind the countless sleepless nights and missed family dinners.

Today, shifting demographics and values require new models of leadership. A significant percentage of those entering family medicine are female. Male and female physicians alike are expressing greater interest in balancing work with other important parts of their lives as they intentionally design their lives not to resemble their "father's Cadillac." Models of leadership are shifting from top-down to side-by-side (see "Concepts of leadership: traditional vs. modern," on page 52). Even the doctor-patient relationship is transforming, with an emphasis on collaboration and shared decision making.

The many faces of leadership

Family physicians exercise their leadership skills every day in a variety of venues. Leadership styles range from the heavy-handed, autocratic leader to the democratic leader (i.e., "one person, one vote"). The democratic approach is

more in keeping with the new leadership model; however, each style can be effective in the appropriate context.

For example, when Leonard Schaeffer, CEO of Wellpoint (formerly Blue Cross of California), took over the company, it was the worst-performing of the 77 Blue Cross plans across the country with annual operating losses of \$165 million. Schaeffer's first official act as boss was to fire the company's pastry chef.¹ The financial hemorrhaging of the company at that time forced an autocratic style of leadership.

In contrast, when Lewis and Clark deliberated about where to set up their Pacific coast camp for the long winter before their journey home, they put the decision to a group vote. This democratic choice gave every member of the group – including its only woman and black man – the freedom to choose their destiny and to support the decision as a team.

Although leading a team in an outpatient office involves actions and decisions that are not always public or highly visible to staff, the leader's attitudes and behaviors have a direct impact on morale, employee retention and customer service. Following the spirit of team-based care outlined by the Future of Family Medicine project,² the physician leader sets a tone that defines his or her practice.

What's your EQ?

Traditional notions of leadership have placed great emphasis on a leader's personal vision and intellectual competency. These traits are common to those pursuing

The smartest person is not always

The medical field's shifting values and demographics are altering traditional leadership models.

Today's leadership model focuses on a democratic approach that emphasizes social awareness and relationship management.

Physician leaders must develop emotional intelligence, or EQ, to be successful in their practices.

a career in medicine. Physicians are smart individuals whose long-term vision sustained them through years of grueling education. Yet the smartest person is not always the best captain of the team. For example, the class valedictorian may focus on individual achievements, whereas the team captain focuses on motivating a group to accomplish its collective vision. Such leadership is not the product of one's IQ. As Albert Einstein noted: "We should take care not to make the intellect our god. It has, of course, powerful muscles, but no personality. It cannot lead, it can only serve."

In the national best seller *Primal Leadership*, Daniel Goleman and colleagues wrote that successful leadership stems not from one's IQ but from one's EQ, or emotional intelligence, which they define as "how leaders handle themselves and their relationships."³ Four core EQ competencies define the successful leader: self-awareness, self-management, social awareness and relationship management (see "EQ competencies" on the opposite page).

Self-awareness and self-management require that you know your strengths and your limits and take steps to improve every day. This

begins by looking in the mirror. Ask yourself the following: Am I projecting a sense of confidence and optimism to my patients and staff? How do I manage my frustrations? Is my word my deed, or do I sometimes dilute honesty to avoid discomfort? Goleman and colleagues write that these personal competencies "are not innate talents, but learned abilities."³

In addition to knowing yourself, you must make an effort to know others. Leadership is fundamentally about creating positive and productive relationships, which includes the ability to make strong connections and inspire others toward a common goal. The socially aware leader senses the feelings of individuals while keeping a finger on the pulse of the organization at large. Leaders who focus on relationships understand local politics and form important bonds. They have an active hand in nurturing others through feedback and coaching. They also inspire their groups through regularly articulating common goals and spotlighting each person's significance in achieving those goals.

At the heart of all relationships is empathy – our ability to sense and care for others' emotions. Nowhere is this more important than in a leader's responsibility to unite individuals for the good of the group. On Sept. 11, 2001, for example, New York City Mayor Rudy Giuliani walked the streets at Ground Zero alongside police, firefighters and fellow citizens. When asked in a press conference about estimates of those killed in the terrorist attacks, Giuliani simply said, "The number of casualties will be more than any of us can bear." This strong empathic statement showed New Yorkers and all Americans that Mayor

CONCEPTS OF LEADERSHIP: TRADITIONAL VS. MODERN

The role of the leader is evolving from a top-down approach to a more collaborative approach.

Traditional	Modern
Leader crafts vision	Group crafts vision that leader articulates
Leader demands performance	Leader inspires performance
Paternalistic model	Partnership model
Emphasis on leader's intellect	Emphasis on leader's emotional intelligence
Leader seeks to control others	Leader seeks to empower, motivate and empathize with others
Team focuses on work arena	Team seeks balance between work and home

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the best captain of the team.

EQ COMPETENCIES

Emotional intelligence requires four key competencies:

Self-awareness	Awareness of your own emotions Knowledge of your strengths and weaknesses Confidence in your abilities
Self-management	Emotional self-control Honesty and integrity Flexibility in adapting to different circumstances and challenges Initiative and optimism
Social awareness	Empathy for others Awareness of the organization's needs
Relationship management	Mentoring others through feedback and coaching Inspiring others toward a common goal Building bonds Managing conflict

Source: Goleman D, Boyatzis R, McKee A. *Primal Leadership: Learning to Lead with Emotional Intelligence*. Harvard Business School Press: Boston; 2002.

Leaders should know their strengths and weaknesses so they can focus on areas that need improvement.

To be effective, leaders must inspire their group to work toward a common goal.

Leaders must be able to relate to group members by empathizing with their emotions.

Giuliani felt their pain and suffering.

Renowned leadership expert Peter Drucker articulates this idea of socially aware leadership: “The leaders who work most effectively ... never say ‘I.’ And that’s not because they have trained themselves not to say ‘I.’ They don’t think ‘I.’ They think ‘we’; they think ‘team.’ They understand their job to be to make the team function. They accept responsibility and don’t sidestep it, but ‘we’ gets the credit This is what creates trust, what enables you to get the task done.”⁴

Exercising leadership in your practice

Applying these leadership principles to your office can be accomplished through simple yet powerful strategies.

1. Adopt a daily self-reflection ritual. Keep a leadership journal and add to it at the end of the day. Focus on questions such as, “Which interactions did I feel positive about?” or “What happened today that triggered feelings of distress or frustration?” Another tactic could be to reflect on the high points and low points of the day

during your travel home from the office.

2. Rate your optimism. At the end of each week, ask yourself, “How positive do I feel about the care I gave to my patients?” or “How positive am I about improvements I have made this week in my performance?” Seek inspiration and perspectives from others when your scores are consistently low. This is also your cue to take time off from work to recharge your batteries and reconnect with your passion for medicine.

3. Seek feedback from team members. Your colleagues and employees may be hesitant to provide negative feedback even when you ask for it. To make the process easier, begin by sharing your own frustration with a moment you felt you did not handle well, and ask your team members to brainstorm other ways you might have reacted to the issue. Resist defensiveness and certainly do not retaliate against anyone who is honest with you about your weaknesses.

4. Formalize team communication. Encourage everyone in your group to participate at regular meetings. Use meetings to

■ Taking time in the evening to reflect can help you learn from each day's highs and lows.

■ Leaders should encourage appropriate and constructive feedback among group members.

■ Don't forget to acknowledge the lives you touch and the differences you make as a team.

publicly praise deserving individuals and the team as a whole. (Save conversations to correct or improve behavior for private.) Bring issues to the group and ask for collective problem solving. Encourage people to voice opposing ideas in order to avoid "group think" and the dreaded "meeting after the meeting." Allow time for people to update one another about significant events in their lives (e.g., a sick parent or a child leaving home). Outside of the meeting, send thank-you notes or gift cards to individuals who have gone above and beyond to serve your patients or to support one another.

5. Nurture team spirit. Help everyone in the office, including clerical and front-office personnel, understand their contribution to the mission. Share stories of successful outcomes – the elderly couple your team helped find housing for; the chronically ill child whose family depended on your team for care and guidance; the single pregnant woman whose social support came from her visits to your office. Make time to celebrate the lives you've touched, and inspire your team to continue its vital mission.

Leading into tomorrow

This new model of leadership, with its emphasis on personal reflection and well-being, strong relationships and the pursuit of common goals, resonates powerfully with the culture of family medicine. Today's family physicians have a wonderful opportunity to harness this model as they lead their local health care teams. Don't wait for your turn at the podium of a national meeting. Your team needs your leadership skills today, tomorrow and every day. **FPM**

Send comments to fpmedit@aafp.org.

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