Medical Leadership

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Santa Ynez Tribal Clinic
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This presentation uses a number of references. Credit is given to authors and institutions where known. Any omission is unintentional.

Dr. Salmeron has no commercial ties and any perceived bias is inadvertent.
GOAL

To help the participants learn leadership concepts and utilize tools that will help them succeed in their organizations and craft a personalized and effective model to lead their programs into the future.
OBJECTIVES

• To learn the different leadership styles, their advantages, disadvantages and appropriate use
• To understand the difference between leadership and management
• To know the concept of organizational politics and relationships
• To become familiar with the different communication styles
OBJECTIVES (continued)

To learn tools to:

- Handle conflict
- Manage physician performance
- Develop or flex leading styles
“Leadership is the art of getting someone else to do something you want done because he wants to do it.”

Dwight D. Eisenhower
The Four Factors of Leadership

- The leader
- The follower
- Communication
- The situation
LEADERSHIP STYLES

Management Control  Autocratic  Paternalistic  Participative  Delegative  Free Reign  Employee Control
AUTOCRATIC STYLE

“I want you both to…”

- Projects an image of confidence and skill
- Decisions are made without consulting others
- Employees are told what to do, how to do it and when to do it
- Subordinates tend to become less likely to contribute ideas
- May alienate employees
- Requires more supervision
- Use when you have all the necessary information, time is short and your employees are well motivated
PATERNALISTIC STYLE

• Similar to autocratic style
• Takes into consideration the needs of the employees
• More likely to engender loyalty
• Less likely to produce motivation
• Requires more supervision
• Use when employees are motivated and skilled, you have most of what you need to accomplish your goals but want to allow employees some input and gains
PARTICIPATIVE STYLE

• One or more employees are included in the decision process
• Employees tend to respect the leader
• Communication is extensive
• Job satisfaction and quality of work and ideas improve
• The leader maintains the final decision making authority
• Decisions takes considerably longer
• Use when the decision making process is complex and requires multiple specialty skills (e.g. choosing a new electronic health record)
DELEGATIVE

• Employees are allowed to determine the needs of the situation and the resources necessary
• The leader sets priorities and responsibilities
• The leader is still responsible
• It requires trust and confidence in subordinates
• Use wisely
FREE REIGN

• Staff manage their own areas of business
• Communication is horizontal
• Independent communication is spotty
• Uncoordinated delegation of duties
• The leader has a peripheral role
• May induce lack of focus, poor performance and dissatisfaction
• It may be used for highly professional and creative groups
# LEADERSHIP CHARACTERISTICS

<table>
<thead>
<tr>
<th>Personal Traits</th>
<th>Emotional Traits</th>
<th>Organizational Traits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurate self assessment</td>
<td>Empathy</td>
<td>Transparency</td>
</tr>
<tr>
<td>Service</td>
<td>Emotional self awareness</td>
<td>Organizational awareness</td>
</tr>
<tr>
<td>Achievement</td>
<td>Inspiration</td>
<td>Develops others</td>
</tr>
</tbody>
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# LEADERSHIP CHARACTERISTICS

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<th>Personal Traits</th>
<th>Emotional Traits</th>
<th>Organizational Traits</th>
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<tbody>
<tr>
<td>Self-confidence</td>
<td>Influence</td>
<td>Change catalyst</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Optimism</td>
<td>Conflict management</td>
</tr>
<tr>
<td>Initiative</td>
<td>Self-control</td>
<td>Teamwork and collaboration</td>
</tr>
</tbody>
</table>
SCENARIO #1

The performance of the employees is going downhill, absenteeism is high for this time of the year and your expressions of concern and friendly reminders are not working. Which style would you use and why?
SCENARIO #2

You have skillful and reliable employees that have always performed well and accomplished their tasks. In spite of their efforts, they are not making progress on a new project and the deadline is approaching. What style would you use and why?
## LEADERSHIP VS. MANAGEMENT

<table>
<thead>
<tr>
<th>Leaders</th>
<th>Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovate</td>
<td>Administer</td>
</tr>
<tr>
<td>Does the right thing</td>
<td>Does things right</td>
</tr>
<tr>
<td>Eyes the horizon</td>
<td>Eyes the bottom line</td>
</tr>
<tr>
<td>Inspire</td>
<td>Control</td>
</tr>
<tr>
<td>Ask what and why?</td>
<td>Asks how and when?</td>
</tr>
</tbody>
</table>
“If people differ systematically in what they perceive and in how they reach conclusions, then it is only reasonable for them to differ correspondingly in their interests, reactions, values, motivations, and skills.”

The Myers-Briggs Foundation
## JOHARI WINDOW - Joseph Luft, Harry Ingham

<table>
<thead>
<tr>
<th>Open Area</th>
<th>Blind Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hidden Area</td>
<td>Unknown Area</td>
</tr>
<tr>
<td>&quot;Facade&quot;</td>
<td></td>
</tr>
</tbody>
</table>
TUCKMAN’S

• FORMING
• STORMING
• NORMING
• PERFORMING
EMOTIONAL INTELLIGENCE (EQ)

A new way to assess and understand people’s attitudes, management styles, interpersonal skills, potential and behavior. It looks at how you understand yourself (feelings, goals, etc) and others.
# The 8 Myers-Briggs Type Indicators

<table>
<thead>
<tr>
<th><strong>Extrovert</strong></th>
<th><strong>Introvert</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Like action and variety</td>
<td>Quiet</td>
</tr>
<tr>
<td>Like people around</td>
<td>Work alone</td>
</tr>
<tr>
<td>Greet people</td>
<td>Think before acting</td>
</tr>
<tr>
<td>Act quickly</td>
<td>Prefer writing</td>
</tr>
<tr>
<td>Talkers</td>
<td>Trouble remembering names</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Sensing</strong></th>
<th><strong>Intuitive</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Step by step</td>
<td>Burst of energy</td>
</tr>
<tr>
<td>Established way-repetition</td>
<td>Leap to conclusion</td>
</tr>
<tr>
<td>Work steadily</td>
<td>Trust inspiration</td>
</tr>
<tr>
<td>Don’t trust inspiration</td>
<td>Prefer imagining possibilities</td>
</tr>
<tr>
<td>Practical</td>
<td></td>
</tr>
</tbody>
</table>
The 8 Myers-Briggs Type Indicators

<table>
<thead>
<tr>
<th>Thinking</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyze problem</td>
<td>Sees effects of choices on people</td>
</tr>
<tr>
<td>Firm minded</td>
<td>Like harmony</td>
</tr>
<tr>
<td>May hurt people’s feelings</td>
<td>Enjoy pleasing people</td>
</tr>
<tr>
<td>Need fair treatment</td>
<td>Need occasional praise</td>
</tr>
<tr>
<td>Reprimand or fire if needed</td>
<td>Dislike telling unpleasant things</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judging</th>
<th>Perceiving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get things settled</td>
<td>Leave things open</td>
</tr>
<tr>
<td>May decide too quickly</td>
<td>May have trouble deciding</td>
</tr>
<tr>
<td>Usually satisfied with decision</td>
<td>May postpone unpleasant tasks</td>
</tr>
<tr>
<td>Don’t like to interrupt a project</td>
<td>Accomplish much at the last minute</td>
</tr>
</tbody>
</table>
The 4 basic communication styles

HIGH TALKERS

**Doer**: Practical, likes action, get things done, task oriented, powerful, impatient

**Social**: Popular, gather information from others

Seems disorganized

LOW TALKERS

**Analytical**: Perfectionistic, overtly critical

**Conceptual**: Patient, enthusiastic
ORGANIZATIONAL POLITICS

“Competition is part of the game.”
“Activities of the informal network that can hinder or help the formal organization’s goals and objectives.”

Robert Hodge, M.D., C.P.E.

A.K.A. “THE REAL ORG CHART.”
ORGANIZATIONAL POLITICS

- **Power**: The potential to cause certain things to happen or not happen."

- Authority is the right granted by an organization to give orders and make decisions

- **Influence**: ability to have an effect on what others do
<table>
<thead>
<tr>
<th>Purpose</th>
<th>Formal Organization</th>
<th>Informal Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Mission, values, goals, objectives</td>
<td>“What’s important to me”</td>
</tr>
<tr>
<td>Structure</td>
<td>Divisions, departments, centers, offices</td>
<td>Cliques, factions</td>
</tr>
<tr>
<td>Relationships</td>
<td>Involuntary, asymmetrical</td>
<td>Voluntary, symmetrical</td>
</tr>
<tr>
<td>Communication</td>
<td>E-mail, memos, meetings, letters</td>
<td>“Grapevine”</td>
</tr>
<tr>
<td>Decisions</td>
<td>Discussed, mandated, announced</td>
<td>Influenced, heard</td>
</tr>
<tr>
<td>Behavior</td>
<td>Policies and procedures, manuals, job descriptions</td>
<td>Group and individual</td>
</tr>
<tr>
<td>Influence</td>
<td>Authority</td>
<td>Power</td>
</tr>
</tbody>
</table>
SIGNIFICANCE/TYPING OF PROBLEM

Significance:
What is the motive and the problem? How far from agreement are we?

What type of problems is this?
Type 1- Technical (EHR implementation)
Type 2- Value (non-smoking policy) * most common*
Type 3- Intractable (outside of our control, e.g. health care reform)
Effective Organizational Behaviors

- Listen
- Ask
- Recognize others
- Learn what’s important to others
- Always deliver as promised
- Build relationships
- Give credit to others
CONFLICT RESOLUTION

- Competing vs. Accommodating
- Avoiding (diplomatically sidestepping an issue)
- Compromising
- Collaborating and problem solving

**Results:**

- Both sides’ needs are met
- Satisfaction
- Mutual respect
- Both parties better off
- Both parties agree to continue to work together
BARRIERS TO CHANGE

- Self interests:
  - “What’s in it for me?”

- Misunderstanding:
  - Poor communication
  - Inadequate information

- Low tolerance for change:
  - Sense of insecurity
  - Different understanding of the proposed change

- Disagreement over the need for change:
  - Advantages vs. disadvantages
Overcoming Organizational Barriers to Change in Healthcare-

Learn how to identify and avoid the most common barriers:

- Cultural complacency, resistance or skepticism
- Lack of communication
- Lack of alignment and accountability
- Passive or absent leadership support
- Micromanagement
- Overloaded workforce
- Inadequate systems and structures
- Lack of control Plans to measure and sustain results

Carolyn Pexton in Financial Times press, February 23, 2009
MANAGING PHYSICIAN PERFORMANCE

The six dimensions of performance:

1. Technical quality of care/professional competence
2. Quality of service/patient relationships
3. Personal productivity/practice management skills
4. Resource utilization/economic efficiency
5. Peer relationships
6. Contributions to the organization and the community
CORE COMPONENTS OF A PERFORMANCE MANAGEMENT SYSTEM

• Define expected BEHAVIOR
• Measure actual BEHAVIOR
• Provide timely and pertinent FEEDBACK and COACHING
• Managing marginal performance
Effective leadership is essential for successful organizational function and growth. Today’s medical leaders need a broad set of skills, emotional maturity, experience and technical knowledge of all aspects of the organization.

My hope is that the concepts presented today will increase your interest in familiarizing yourself with available tools to be an active leader in your group.

Thanks. Manuel Salmeron MD, CPE.
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Vice President
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Medical Information Director and Professor of Clinical Internal Medicine
University of Missouri-Columbia

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