

Medical Leadership

Manuel Salmeron, MD, CPE

Medical Director

Santa Ynez Tribal Clinic

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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

“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



Employee Control

Autocratic

Paternalistic

Participative

Delegative

Free Reign



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

Personal Traits	Emotional Traits	Organizational Traits
Accurate self assessment	Empathy	Transparency
Service	Emotional self awareness	Organizational awareness
Achievement	Inspiration	Develops others

LEADERSHIP CHARACTERISTICS

Personal Traits	Emotional Traits	Organizational Traits
Self-confidence	Influence	Change catalyst
Adaptability	Optimism	Conflict management
Initiative	Self-control	Teamwork and collaboration

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

Leaders	Managers
Innovate	Administer
Does the right thing	Does things right
Eyes the horizon	Eyes the bottom line
Inspire	Control
Ask what and why?	Asks how and when?

COMMUNICATION

“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

OPEN AREA	BLIND AREA
HIDDEN AREA "FAÇADE"	UNKOWN AREA

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

Extrovert

Like action and variety
Like people around
Greet people
Act quickly
Talkers

Introvert

Quiet
Work alone
Think before acting
Prefer writing
Trouble remembering names

Sensing

Step by step
Established way-repetition
Work steadily
Don't trust inspiration
Practical

Intuitive

Burst of energy
Leap to conclusion
Trust inspiration
Prefer imagining possibilities

The 8 Myers-Briggs Type Indicators

Thinking

Analyze problem
Firm minded
May hurt people's feelings
Need fair treatment
Reprimand or fire if needed

Feeling

Sees effects of choices on people
Like harmony
Enjoys pleasing people
Need occasional praise
Dislike telling unpleasant things

Judging

Get things settled
May decide too quickly
Usually satisfied with decision
Don't like to interrupt a project

Perceiving

Leave things open
May have trouble deciding
May postpone unpleasant tasks
Accomplish much at the last minute

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.”

ORGANIZATIONAL POLITICS

“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

Purpose	Formal Organization	Informal Organization
Purpose	Mission, values, goals, objectives	"What's important to me"
Structure	Divisions, departments, centers, offices	Cliques, factions
Relationships	Involuntary, asymmetrical	Voluntary, symmetrical
Communication	E-mail, memos, meetings, letters	"Grapevine"
Decisions	Discussed, mandated, announced	Influenced, heard
Behavior	Policies and procedures, manuals, job descriptions	Group and individual
Influence	Authority	Power

SIGNIFICANCE/TYPE 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

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

CONCLUSION

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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