



EFFECTIVE CAREER DEVELOPMENT SERIES

PAMPHLET #2:

Becoming a Leader in Academic Medicine

Case:

One year out from residency training, SM (she/her) is asked by her Chair to take over the role of Clerkship Director. In weighing her decision to grow her interest in student teaching and mentoring, as well as support the needs of her department, she wonders if she possesses the leadership skills required to effectively carry out the responsibilities of this new position.

Leaders are individuals who encourage and motivate teams to a shared vision or goal. Leaders set direction, make challenging decisions, support team members, accept the responsibility for failures, and share the team's successes. Leadership, therefore, is the collective skills and talents a leader employs to create a sense of vision that inspires team members to self-motivate action toward shared outcomes and goals.

By the very nature of our training, physicians enter practice with many of the skills necessary to be leaders. The simple act of admitting, treating, and discharging a patient from the hospital requires many of the skills inherent in leaders. A surgeon in the operating room employs leadership skills with an entire team. Invariably physicians must make decisions related to the purchasing of office supplies, hiring and firing of staff, reporting to

regulatory agencies, and communicating with the public.

At the same time, not all physicians aspire to leadership positions. Similarly, not all physicians who take leadership positions end up being effective leaders. Leadership skills in one field of medicine do not always indicate successful leadership more broadly. Academic physicians must organize, mentor, and communicate across many competing interests: clinical service, teaching, and scholarship. Academic physicians are often considered when leadership positions need to be filled.

Leadership Style

Physicians develop leadership styles as they acquire life experiences. Some are based on personality or innate qualities, some from lessons learned in observation of admired leaders, and some from difficult experiences or successful forays into leading. One can also consciously decide to learn leadership styles.

Classifications of leadership style include:

- Transformative versus transactional leadership
- Participatory leadership
- Values-Based leadership
- Situational leadership
- Servant leadership

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Transformative versus Transactional Leadership

Transformational leaders tend to be visionary, inspired by a set of aspirational goals and a vision of a better future. Transformational leaders communicate their visions effectively to others, and through effective communication inspire others to believe in change and work toward these shared goals. Transactional leaders are effective at identifying challenges in the organization as it is. Transactional leaders work effectively with team members by identifying their needs or desires and use those to motivate.

While transformational leadership style may be thought of as higher-order or more effective, transactional leadership is often needed in daily management and administration. The two styles can be thought of as complementary tools to be used in different circumstances. A successful leader will identify when to inspire their team and, at the same time, when transactions are needed to get the job done.

Participatory Leadership

Participatory leaders are characterized by a more democratic approach to leadership. These leaders recognize team members as stakeholders in the goals of the organization and give them a voice in management and decision making. Participatory leaders empower team members who will be more affected by a decision to give input and be part of the decisions made in the issues that affect them.

Values-Based Leadership

The values-based leader is aligned with the organization's core values, mission, and purpose. This leader inspires positive change through encouraging others to act in accordance with the shared values. The values-based leader may define the organization's core values or may merely align with them.

Situational Leadership

Leaders use the situational leadership approach when they adapt their style to the members of the team or other individuals, based on an understanding of the individual's strengths and capacity. Situational leadership requires the leader to observe and understand their team members' abilities to motivate the team to achieve tasks based on individual factors.

Servant Leadership

Increasingly, many leaders identify as servant

leaders, who prioritize other people's needs, share power, and help others perform to the top of their abilities. The servant leader works to build better organizations and create a more caring, equitable world, and is dedicated to the growth and well-being of people in the community.

Qualities of Effective Leadership

An effective leader is both pragmatic and visionary, transactional and transformational as conditions and demands change, and embraces leadership styles to achieve their goals. The leadership skills needed to chair a working group of highly motivated, goal-oriented committee members with clear goals and objectives may be quite different than the skills required to lead a research team, or to guide a coalition of community, provider, and hospital representatives to improve maternal health outcomes. Leadership skills evolve and grow throughout a career.

While there is no formula for success in leadership, there are specific skills and qualities that are shared by successful leaders. Certain leaders will find strengths in some of these qualities over others. However, truly successful and inspirational leaders will normally excel in each of the following domains.

Emotional Intelligence

Emotional intelligence (EI) is defined as "the ability to perceive and express emotion, assimilate emotion in thought, understand and reason with emotion, and regulate emotion in the self and others." In a review of the literature, many authors endorsed EI as an important component of physician leadership in general; for physician executives, in academic settings, for developing effective social networks, as leadership across specialties, and to partner with patients.

Communication

Active listening and non-verbal communication through body language are important skills of a successful leader. Leaders must also clearly communicate the shared vision and goal. Successful leaders must articulate expectations and not only provide fair and timely feedback, but also elicit and accept feedback from team members.

Vision Development

Leaders will work with their teams to create a shared vision. Successful leaders will help transform that vision into reality. For academic physicians this requires choosing effective strategies that balance

the risks and rewards of navigating the political realities and cultures of the institution to slowly bring the shared vision to fruition. All the while successful leaders will serve as the keeper of this vision and use it to inspire the actions of the team.

Team Development

No leader is an island. To be successful, leaders must surround themselves with a highly motivated and technically skilled leadership team. Leaders need to encourage teamwork and support communication among the members of the leadership team. A successful leader will also learn to delegate authority to members of the team to accomplish necessary tasks and responsibilities more efficiently.

Crisis Management

For the academic physician leader, crises can quickly arise from many areas. These crises can come directly from within the department involving faculty, researchers, or learners. Or these can be external to the department involving patients, the public, or governing agencies. Quick yet thoughtful response and efficiently assembling a crisis management team are skills that help successful leaders navigate unexpected difficulties. Successful leaders also create a culture that encourages reporting of potential crises.

Representation in Academic Medicine Leadership

Recent data from the AAMC shows little change in representation of women and groups historically underrepresented in medicine (URiM) in academic medicine leadership positions over the last 20 years. There has been no significant change in the relative proportions at the assistant, associate, and full professor levels. As of 2018, the relative frequency of full professor level of faculty in US medical schools based on race/ethnicity and gender was Asian (11% women vs. 21% men), Black (9% vs. 18%), Hispanic (11% vs. 19%), and White (24% vs. 36%). In addition, women and URiM faculty continue to be well represented at lower faculty ranks but are underrepresented at senior positions.

Hofler et al compared medical school matriculation demographic data from the 1980-1990 era to current leadership demographic data and demonstrated a loss of women faculty, indicating a lack of equitable progress toward leadership. Although this finding has not been duplicated for URiM groups, it likely implicates bias as well as structural and organizational barriers that are also

applicable to all URiM faculty.

Valentine and Sandborg recently found that only 5 of 154 accredited medical schools had achieved gender parity among faculty, while only 22 schools have more than 30% female department chairs (considered the “tipping point” for institutional change). The authors calculated that at current rates, it will take 40 years to achieve gender parity across all levels of faculty. The effects of the COVID-19 pandemic may set these goals back, as women faculty are disproportionately responding to the challenges posed in child and family care by leaving the workforce.

URiM faculty face significant challenges in achieving leadership positions. URiM faculty are more likely to practice clinically in underserved communities, and the demands of this type of practice compete with leadership opportunities. Career opportunities that support both a community practice and leadership roles in medical schools or institutions may be vital to recruiting and retaining a diverse leadership. Additionally, isolation and job dissatisfaction may arise from lack of peers or colleagues, and from disproportionate demands for doing important work in Diversity, Equity, and Inclusion (DEI), such as mentoring URiM students or serving on DEI committees, that does not specifically translate to academic promotion requirements, the so-called “minority tax”.

At the individual level, institutional assistance in finding mentors, sponsors, and coaches can lead to growth in leadership talents and abilities. Programs such as the Michigan Promise program to develop sustainable diverse leadership through improving the work environment, mentoring URiM junior faculty to achieve academic goals, outreach and recruitment, and targeted leadership development programs may help achieve a more diverse leadership pool.

Professional Development for Leadership

Leadership talents grow and develop over time with experience. Many successful leaders will point to formal and informal mentorship in developing their leadership knowledge, skills, and attitudes. There also is a role for executive coaching for certain leadership positions in academic medicine. Many academic institutions offer professional development on physician leadership topics. It is important to select leadership professional

development programs that align with your level of training and leadership experience. Table 1 lists several leadership professional development opportunities.

Box 1. Leadership Development Opportunities

Local

- Institutional Faculty Development Programs

Regional

- Regional Academies or Leadership Training Courses
- APGO Programs
- APGO Academic Scholars and Leaders (ASL)
- APGO Surgical Educator Scholars (SES)

Other National Programs

- Executive Leadership in Academic Medicine (ELAM)
- Harvard Macy Institute
- AAMC Leadership Development Courses

Recognition

Though this pathway will look different for everyone, reaching career goals is best achieved by actively seeking out opportunities. The process to attain leadership positions begins by seeking out active involvement in different committees on a mixed level of departmental, institutional, and national levels. Involvement in these committees will lead to leadership positions within these same committees and networking with colleagues, which leads to further opportunities and sponsorship by others. The active role of mentors to help navigate this process is important. Seek out mentors at the national, institutional, and departmental levels for guidance.

Seeking Opportunities for Leadership Experience

As you develop your career, explore opportunities to advance your leadership skills. You will be asked to serve on hospital or medical school committees, work groups, and panels, in addition to your clinical, research, and teaching duties. These assignments may provide an arena to demonstrate leadership styles, as well as bring attention to your potential as a leader. If you are asked to serve on a committee, be clear as to how this service will build your leadership portfolio. If committee assignments are not coming your way, volunteer to serve, and ask for new assignments. If you find yourself doing substantial work but do not have a leadership role, write up a job description of that work and ask your chair or dean to create a new position. For example, if you are Clerkship Director and provide all the

fourth year advising for medical students, draw up a job description for a new position of Director of Student Advising.

Finally, familiarize yourself with the leadership roles available in your department, institution, local medical societies, and national professional organizations. Committee service in these organizations can lead to future leadership roles. Many leaders in academic medicine note that their path to leadership was not straightforward, and serendipity often plays a role in where they ended up.

Box 2. Leadership Opportunities

- Education
- Clerkship Site Director
- Clerkship Director
- Residency Program Director
- Department Director of Education
- Vice Chair for Education
- Associate Dean/Dean
- Administration
- Division Director
- Vice Chair for Research/Quality/Safety
- Vice Chair/Department Chair
- Hospital Executive Positions
- Chief Medical Officer
- Research
- Institutional Review Board
- Grant Committees
- Professional Organizations
- Local Ob-Gyn Medical Society
- APGO/CREOG/ACOG
- AMA/AAMC/SNMA

Case Conclusion:

SM consults her Department Chair about local leadership development opportunities. She negotiates for time and support to enroll in the APGO ASL program. The outgoing Clerkship Director remains on faculty and serves as a mentor to SM. With experience, SM discovers her leadership styles, and she is successful as a Clerkship Director. In time she seeks new opportunities to grow and demonstrate her leadership skills and talents.

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