

# President's Page

## Elements of physician leadership

Looking through the history of medicine and health care, physicians have been leaders in many aspects. In fact, physician leaders created many hospital institutions, or hospitals were created around them. But somewhere in the last 50 years, physicians have given up some of this leadership status and other people have taken the wheel of health care. Rather than a driver, many physicians have taken more of a “passenger” role in determining the direction of health care. This has not helped anyone — not patients, not hospitals, not other entities. In fact, this has not helped health care. Think of this as a long journey, where we all need to share the wheel and not just be along for the ride.

Offers for physician leadership programs bombard physicians. Many programs are well-known and quite effective in training physicians for the future. The AMA, ACP, TMA, and many other organizations have multiple programs to help physicians gain experience and leadership skills. Some well-known hospital systems also offer excellent programs.

But the seed for physician leadership should be planted early in the training of young physicians. As far as we know, this happens rarely. The skill sets that a physician needs for clinical expertise do not necessarily equate to skill sets required for physician leadership. In other words, simply having a medical diploma does not make you a physician leader.

### What makes good, effective leaders?

Common qualities include trust, honesty, vision, and ability to work in teams and motivate others. Effective leaders also have good communication skills and make themselves accessible. Although they may not always have the right answers and they all can make mistakes, effective leaders will accept the mistakes and make changes to avoid them in the future. Reducing errors and improving outcomes then becomes a main quest for physician leaders.

**Trust** becomes one of the most effective ingredients in leadership.

How can you lead if you don't have your team's trust? Accountability is a main building block of this trust. Trust cannot be given as a gift; it has to be earned and has to grow. Trust becomes a key element for negotiations in conflict resolution.

Effective leadership also requires effective **communication skills**. We all recognize, but frequently forget, that communication is a two-way street. It has to come as much from the top of the pyramid as from the base of the pyramid, where most of the work is done. As mentioned, leaders do not always have all the answers, and they need the support of the team to develop the best solution or direction. Listening is an art. Strong listening skills make physicians better. We use these skills on a daily basis when we are with patients, but we have lost some of this art of listening in this new health care. We also need to use these skills in order to play a significant role in hospital systems. And hospital systems need us; patients need us.

**Teamwork** also is a major ingredient of an effective leader.

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not only with mandates.*

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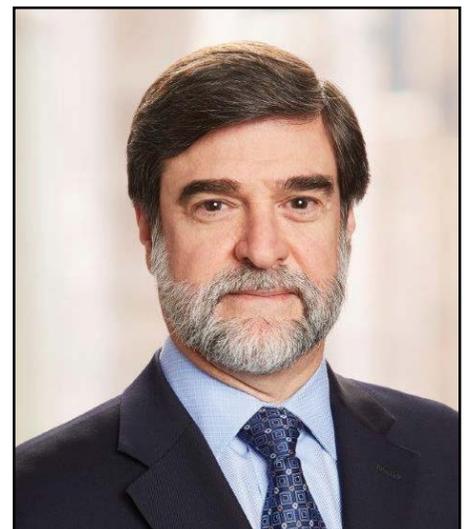
Good leaders lead with questions, not only with mandates. But I have to confess — this is not the way we were trained. Most of our training was based on clinical skills. Few training programs stress the importance of teamwork by all professionals, and not just physicians. So, we enter practice and our style is to give orders right and left. To be a successful leader requires a culture change. Collaboration becomes a critical ingredient in this formula. You can be a leader from any position inside the team; in fact, you can lead from behind.

**Humility** and lack of arrogance lead to appreciation from your team and better team cohesiveness. In hospital systems, this becomes a key factor to let all sides work better together. We need to stop talking about “them” and “us,” and talk more as “we.”

Last month, we lost one of the greatest leaders in medicine in the Dallas area — Dr. Donald Seldin, a unique and amazing physician

who created one of the nation’s top medical schools and research institutions. There is no question that all of this was created around a great physician leader. Many years ago at a national conference, the names were read of physicians and research leaders from all over the world who had been under Dr. Seldin’s tutelage. The list was impressive. Dr. Seldin was able to send the seeds of leadership far and wide. That’s one of the greatest accomplishments of an impressive physician.

But let us go back to the analogy of a long car trip, where we all have to share the wheel and move in one direction. This is where we are in health care: we need to share this responsibility. So, I respectfully ask physicians to stay involved and make your voices heard, as you can be of help to your hospital systems. Let us be part of the solutions, not just part of the problems. Only complaining leads us nowhere. For physicians who are involved in teaching, I politely ask them to plant this seed in young physicians and students; it



Ruben L. Velez, MD

will help everyone in the future. But remind those young physicians and students always to remember that we are physicians first. Innovation occurs at the front lines of health care, not from the top. We are at the front lines, so let’s keep moving forward and doing the right things.

**DMJ**