Objectives

1. Discuss and use techniques to be an effective leader in a department, during patient care and during resuscitations.
2. Discuss and use techniques to apply leadership theory to be an effective clinical teacher in the ED.
3. Describe methods of communication with diverse colleagues such as different cultures, race, age and sex.

Objectives

1. The Leadership Literature
2. Leadership applied to Emergency Medicine
3. Apply leadership theory to effective clinical teaching in the ED.
4. Leadership, communication and diversity.
I. Leadership Literature

What is leadership?

• In “Launching a Leadership Revolution” it is defined by 10 known leaders
• In “One Thing You Need to Know” there is a short list of 6 famous leadership books and this scratches the surface
• Famous leadership authors not covered today: Warren Bennis, Peter Drucker, Ken Blanchard, Stephen Covey, Ram Charan, Anthony Robins, Rudy Giuliani, Tony Dungy, Deepak Chopra
• http://topleadershipgurus.com/list.php

Can we apply business leadership lessons to emergency medicine?

• John C. Maxwell
• Marcus Buckingham
• Chris Brady and Orrin Woodard
• Jim Collins
• Dave Logan
• Tony Hsieh
• Mark Sanborn
John C. Maxwell

- The 21 Irrefutable Laws of Leadership
- The 21 Indispensable Qualities of a Leader
- Failing Forward
- Leadership Gold
- Leadership 101

The 21 Irrefutable Laws of Leadership

1. Law of the Lid
2. Law of Influence
3. Law of Process
4. Law of Navigation
5. Law of Addition
6. Law of Solid Ground
7. Law of Respect
8. Law of Intuition
9. Law of Magnetism
10. Law of Connection
11. Law of the Inner Circle
12. Law of Empowerment
13. Law of the Picture
14. Law of Buy-In
15. Law of Victory
16. Law of the Big Mo
17. Law of Priorities
18. Law of Sacrifice
19. Law of Timing
20. Law of Explosive Growth
21. Law of Legacy

Law of Influence

- “The true measure of leadership is influence – nothing more, nothing less.”
- “The very essence of all power to influence lies in getting the other person to participate.” Harry A. Overstreet
- This law has implications for leadership in EM, leadership applied to clinical teaching and to diversity.
- “He who thinks he leads but has no followers, is only taking a walk.” If you can’t influence people, then they will not follow you.

The true measure of leadership is influence – nothing more, nothing less. The very essence of all power to influence lies in getting the other person to participate. He who thinks he leads but has no followers, is only taking a walk.
Law of Influence – Factors for Influence

- Character – Who they are
- Relationships – Who they know
- Knowledge – What they know
- Intuition – What they feel
- Experience – Where they’ve been
- Past Success – What they’ve done
- Ability – What they can do

Law of Influence Examples

- Mother Teresa
- Abraham Lincoln

Law of Process

- “Becoming a leader is a lot like investing successfully in the stock market. If your hope is to make a fortune in a day, you’re not going to be successful.”
- “It is the capacity to develop and improve their skills that distinguishes leaders from their followers.” Warren Bennis and Burt Nanus
- Develop a process of improvement rather than just an event.
**Law of Process**
- The book mentions 5 phases of leadership growth but the most important is to develop a written plan for personal growth
- "To lead tomorrow, learn today."
- Example; Theodore Roosevelt
- See also the Law of Navigation
- Examples; Roald Amundsen, the Norwegian explorer and Robert Falcon Scott the British Naval Officer

**Law of Addition**
- Leaders add value by serving others
- The bottom line in leadership isn’t how far we advance ourselves but how far we advance others.
- Examples; Jim Senegal (Costco CEA), Dan Cathy (President of Chick-fil-A)

**The Law of Solid Ground**
- Trust is the foundation of leadership
- Character makes trust possible. Trust makes leadership possible.
- Character communicates; consistency, potential, and respect.
- Character flaws; speaking badly about others, not embracing feedback, “B Team behavior”
- Examples; many presidential administrations
The Law of Connection

• Leaders touch a heart before they ask for a hand.
• “People don’t care how much you know until they know how much you care.”
• The stronger the relationship the more likely people will want to help the leader
• To connect with people in a group relate to the as individuals and initiate the connection.
• “Walk slowly through the crowd”

The Law of Connection

• Put time into your people, learn their names, express appreciation, find out about them and listen.
• Be a connecting leader rather than a positional leader
• Example; Herb Kelleher, Southwest Airlines
• “People don’t care how much you know until they know how much you care.”

The Law of the Inner Circle

• “You can do what I cannot do. I can do what you cannot do. Together we can do great things.” Mother Teresa
• No more triple threats. Now more clinical excellence tracks.
• “The leader find greatness in the group, and he or she helps the members find it in themselves.”
The Law of the Inner Circle

• Choosing the inner circle members;
  – Do they have influence with others?
  – Do they bring complementary gifts?
  – Do they hold a strategic position?
  – Do they add value to me and to the organization?
  – Do they positively impact other inner circle members?
• Surround yourself with the best leaders you can and help them improve
• Examples; Lance Armstrong

The Law of Empowerment

• Only secure leaders give power to others.
• “The best executive is the one who has sense enough to pick good men to do what he wants done and self –restraint enough to keep from meddling with the while they do it.”
• Barriers to Empowerment
  – Desire for job security
  – Resistance to change
  – Lack of self worth
• Examples; Henry Ford II, Lincoln

The Law of the Picture

• People do what people see.
• Great leaders always seem to embody two seemingly disparate qualities. They are both highly visionary and highly practical.
  – Mission provides purpose – answering, why?
  – Vision provides a picture – answering, what?
  – Strategy provides a plan – answering, how?
• Modeling Insights
  – Followers are always watching what you do. (Hal Urban)
  – Easier to teach what’s right that to do what’s right.
  – Change ourselves before trying to improve others.
  – Most valuable leadership gift; being a good example.
The Law of Sacrifice

- A leader must give up to go up.
- The heart of good leadership is sacrifice
- “For everything you have missed, you have gained something else and for everything you gain, you lose something.”
- “When you become a leader, you lose the right to thing about yourself.” Leaders must be willing to give up more that the people they lead.

The Law of Explosive Growth

- To add growth, lead followers, to multiply, lead leaders.
- Leaders who attract followers...focus on weaknesses
  Leaders who develop leaders...focus on strengths
- Leaders who attract followers...spend time with others
  Leaders who develop leaders...invest time in others
- Leaders who attract followers...grow by addition
  Leaders who develop leaders...grow by multiplication
- “My life sentence is, I want to add value to leaders who will multiply value to others.” Maxwell

21 Qualities of a Leader

1. Character
2. Charisma
3. Commitment
4. Competence
5. Courage
6. Discernment
7. Initiative
8. Focus
9. Generosity
10. Initiative
11. Listening
12. Passion
13. Positive Attitude
14. Problem Solving
15. Relationships
16. Responsibility
17. Security
18. Self-Discipline
19. Servanthood
20. Teachability
21. Vision
Character

• Talent is a gift but character is a choice
• Steven Berglas (Harvard Medical School Psychologist and author of Success Syndrome) people who achieve great heights without character are destined for one of the 4 As
  – Arrogance
  – Aloneness
  – Destructive Adventure-seeking
  – Adultery
• Do words and actions match all the time?
• Do you make it to where and when you promise?

Charisma

• Charisma is the ability to draw people to you
• Love life. (Be a celebrator not a complainer)
• Put a “10” on every person’s head.
• Give people hope.
• Share yourself.

Focus

• How should you focus your time and energy?
• Focus 70% on strengths (what you do well).
• Focus 25% on new things
• Focus 5% on areas of weakness (delegate weaknesses to others)
Listening

• Listen to your followers.
• Listen to your customers.
  – “Unhappy customers are always a concern. They’re also your greatest opportunity.” Bill Gates
  – Good leaders keep in contact with the people they are serving.
• Listen to your competitors
• Listen to your mentors.
  – If you don’t already have a mentor, go out and find one.
  – If you can’t get someone to help you in person, begin the process by reading books.

Passion

• “Nobody can be successful unless he love his work.” David Sarnoff of RCA
• Nothing can take the place of passion in a leader’s life.
  – > 50% of all CEOs of Fortune 500 companies had C or C- GPAs
  – Nearly 75% of all US presidents were in the bottom of their school class

Relationships

• William Osler, MD greatest contribution may be putting the heart back into the practice of medicine
• He founded the Association of American Physicians
• Brought students to the bedside
• “And above all it is as a friend that during his lifetime we regarded Osler as one who possessed the genius of friendship to a greater degree that anyone of our
Obstacles and Conflicts

- Conflicts and obstacles should never defeat you, they should define you.
- You need these to become great!
- View obstacles as opportunities.

Good to Great by Jim Collins

- The book is a sequel to "Built to Last."
- The book is a meta-analysis of several organizations or companies with research on about 11 that showed sustained growth (cumulative stock returns > 3 times the market) and sustained success (at least 15 years).
- Collins did not want to believe that leaders had as big of an impact as other things.
- But he could not deny the level 5 leaders described in chapter 2.

Good to Great by Jim Collins

Level 5 Leaders

- Level 5 Executive; builds enduring greatness through personal humility and professional will.
- Level 4 Effective Leader; helps commit and pursue clear vision and stimulates high performance standards.
- Level 3 Competent Manager; organized people and resources toward the effective and efficient pursuit of predetermined objectives.
- Level 2 Contributing Team Member; contributes individual capabilities to the achievement of group objectives and works effectively with others in a group setting.
- Level 1 Highly Capable Individual; contributes through talent, knowledge, skills and good work habits.
Level 5 Leaders

- Every "good to great" company had a Level 5 Leader.
- Ego was channeled away from self an into larger goal of building a great company while lesser company's leaders had egos that contributed to their demise.
- HUMILITY + WILL = LEVEL 5 (more plow horse than show horse)
- Comparison companies set their successors up for failure or chose weak successors while Level 5s set up their successors for even greater success.
- Lesser leaders use the term, "I" to describe the company's successes whereas Level 5s rarely talked about self, didn't write books about themselves,

Level 5 Leaders

- Unwavering resolve to do what must be done for the best long term results. Determined to get sustained results.
- Over the 15 years < 5% of CEOs were from outside.
  High profile outside change agent is negatively correlated with sustained transformation from good to great.
- Window and the mirror: looked out the window and gave credit to factors outside self or it was "good luck" when things went well but looked in the mirror and took responsibility if things went poorly

Managing and Leading

Leadership versus Management
- Leadership is important; Jim Collins in Built to Last it was the organization-wide phenomenon and culture but in Good to Great it was "level 5 leadership."
- In all their studies excellence was not possible without great leadership, so it is important!
- "Leadership accounts for at least 15% of the success of any organization.

"The One Thing You Need to Know." 2005 Marcus Buckingham
Managing and Leading

- **Great Leading:**
  - Great leaders rally people to a better future and are dissatisfied with the status quo (they do everything in their power to get others to join together to make a better future come true.) "I am not satisfied."
  - Leaders have a vision and get "buy-in" from their followers
  - Optimism and channeled ego are the talents

- **Great Managing:**
  - Great managers turn a person’s talents into performance
  - A catalyst between employee’s talents and the company’s goals
  - Must have a coaching instinct toward success

"The One Thing You Need to Know." 2005 Marcus Buckingham

Great Managing Have Four Needed Skills

1. You must select good people (know the talents you are looking for)
2. Define clear expectations (50% of people do not know what is expected at work)
3. Praise and recognition (less that a third of people get this). “Praise is not a rxn to great performance it is a cause of it.”
4. You must show care for your people (more productive, less missed work, less accidents, less likely to leave)

Great Managers...

- Discover what is unique about each person and capitalize on it. (Chess versus Checkers)
  - This saves you time
  - Makes each person more accountable
  - Builds a sense of team
  - Introduces a healthy disruption into the team
- Know these things about each person
  - Strengths and weaknesses
  - Find the "triggers"
  - Style of learning; analyzing, doing, watching
Great Leaders

- Points of clarity for leaders “Discover what is universal and capitalize on it.”
  - Who do we serve?
  - What is our core strength? (Get their strengths together and make their weaknesses irrelevant.)
  - What is our core score? (should be a leading indicator of success.)
  - What actions can we take today? (The actions can be clear.)
- How to bring clarity?
  - Discipline 1; Take time to reflect.
  - Discipline 2; Select your heroes with great care.
  - Discipline 3; Practice

Summarizing Buckingham

- Wanted to define the “one thing you need to know” across a wide range of situations, the insight must be a multiplier and must guide action.
- Managers turn peoples talents into performance day to day
- Leaders have to have a vision for the future and are unfailingly, unrealistically and irrationally optimistic.

Managing versus Leading

John C. Maxwell

- “The main difference between the two is that leadership is about influencing people o follow while management focusses on maintaining systems and processes.”
- Managers can lead when they can create positive change.
- To move people in a new direction you need influence.
Managers versus Leaders

- Managers;
  - Nurse manager or nurse team leader
  - Physician in the ED (DR: residents, nurses, students, ancillary positions and patients)
  - Residency coordinator
- Leaders;
  - Department Chairs
  - CEOs, COO, CMO

Managers versus Leaders

- Residency Program Directors (APDs)
- Clerkship Directors
- ED Medical Directors (AMDs)
- Vice Chairs
- Division Directors

Tribal Leadership – Dave Logan

- Associate Dean at USC
- 10 year field study of 24,000 people in 2 dozen organizations
- Every organization is a set of groups or tribes
- Tribe is a group between 20 to 150 who know each other
- Small company is a tribe and a large company is tribe of tribes
Tribal Leadership – Dave Logan

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5 Stages of Tribal Leadership Culture

<table>
<thead>
<tr>
<th>STAGE</th>
<th>MOOD</th>
<th>THEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Despairing, Hostility</td>
<td>“Life sucks”</td>
</tr>
<tr>
<td>2</td>
<td>Apathetic, Victim</td>
<td>“My life sucks”</td>
</tr>
<tr>
<td>3</td>
<td>Lone Warrior</td>
<td>“I’m great (and you’re not)”</td>
</tr>
<tr>
<td>4</td>
<td>Tribal Pride</td>
<td>“We’re great (and they’re not)”</td>
</tr>
<tr>
<td>5</td>
<td>Innocent, Wonderment</td>
<td>“Life is great”</td>
</tr>
</tbody>
</table>

Delivering Happiness – Tony Hsieh

• Tony Hsieh CEO of Zappos.com, Inc.
• First couple chapters too much emphasis on the “bottom line.”
• His upbringing in the first chapter entitled “Search for Profits” had 3 goals; SATs, Harvard and either PhD or MD.
• Dishonest to parents, button-making for $, 976..., Quincy House Grill and Pizza
• So why is this book considered a “top leadership” book?
Delivering Happiness – Tony Hsieh

- Business success stimulated personal growth; improvement books, (Tribal Leadership and Good to Great) reflection and development
- Sent an email to all employees to help write a book about the Zappos culture
- Invested in; 1. customer service, 2. culture, 3. employee training and development

Delivering Happiness – Tony Hsieh

- The book then reviews an approach as to how to develop; brand or culture and core values
- Developed 10 Core Values from a list of 37 from his employees
- All business decisions such as hiring and investing become based on the mission and core values
- Developed a monthly newsletter (Ask Anything) and a monthly book club
- Nice summary of “happiness theories”

Mission and Core Values

- Zappos Mission; To live and deliver WOW
  1. Deliver WOW Through Service
  2. Embrace and Drive Change
  3. Create Fun and a Little Weirdness
  4. Be Adventurous, Creative and Open-Minded
  5. Pursue Growth and Learning
  6. Build Open and Honest Relationships with Communication
  7. Build a Positive Team and Family Spirit
  8. Do More with Less
  9. Be Passionate and Determined
  10. Be Humble
Launching a Leadership Revolution
Chris Brady and Orrin Woodward

• Leadership is the influence of others in a productive, vision-driven direction and is done through the example, conviction and character of the leader.
• Leadership is influence – nothing more, nothing less.
• Leaders can’t stand to leave things the way they found them.

The 5 Levels of Influence

• Foundational Qualities; (1) hunger, motivation, recognition, respect, purposed, destiny, legacy, (2) hone-able and (3) honorable
  1. Learning; become a student and learn...
  2. Performing; need attitude, desire, belief, perseverance, team, build on strengths...
  3. Leading; service, coaching, problem solve, communicate, sacrifice...
  4. Developing Leaders; variety of strengths, talent scouts, empower, mentor ...
  5. Developing Leaders Who Develop Leaders...

You Don’t Need a TITLE to be a Leader
Mark Sanborn

• Leadership is positive influence
  1. Do you shape your life and career?
  2. Do you affect the quality of other’s experiences?
  3. Do you inspire or influence others?
  4. Do you work to achieve specific goals by working with or coordinating the efforts of others?
You Don’t Need a TITLE to be a Leader
Mark Sanborn – 6 Principals
1. The power or self-mastery (“The hardest victory is over self.” Aristotle)
2. The power of focus (“Energy and persistence conquer all things.” Benjamin Franklin)
3. Power with people (“Leadership is the art of getting extraordinary performance from ordinary people.”)
4. The power of persuasive communication
5. The power of execution (“Execution is the chariot of genius.” William Blake)
6. The power of giving. (“If you truly desire happiness, seek and learn how to serve.” Albert Schweitzer)

Summarizing Leadership Literature
• Maxwell: Laws and Qualities; influence, character, learning, connection
• Collins: Humility + Will = Level 5 Leadership
• Buckingham: Leaders (vision and positivity versus Managers (turning strengths and skills into performance)
• Logan: Need to rise above Level 3 (I’m great and you’re not.) to Level 4 (We’re great and they’re not.) or Level 5 (Life is great.)
• Hsieh: Mission and Core Values
• Sanborn: You don’t need a title.

II. Leadership in the ED
Chairs as EM Leaders

• Administrative or leadership training course or certification was most important formal training
• Cross collaboration and mentorship most important academic leadership experiences
• Faculty development experiences were key
• Scholarly productivity, GME and peer-reviewed publications
• Other topics; teambuilding

PDs as EM Leaders

• Mentorship helps with respect to longevity
• Most have an associate or assistant PD
• Nearly all have a coordinator
• Problems
  – Lack of time to do the job
  – Career needs interfering with family
  – Lack of faculty support

Leading in the ED – Who?

• EM MDs; Colleagues, EM Residents, Midlevels, medical students
• Non-EM MDs; off service attendings and residents, Midlevels
• Nurses; Charge or head nurse, team nurses
• Technicians
• Secretaries
• Social workers, pharmacists
• Interruptions; outside and inside pages and calls
• Patients and their families
Leading in the ED

- Is it a Leadership or Management?
- Vision versus performance?
- Goal is to turn talents and skills into performance
- DRs = patients and then staff
- Goals: Excellent Care, Compassionate Care, Efficient Care, Collaborative Care, Respectful Care and Safe Care

As EM MDs Best ED Leaders/Managers

- Lead by example; Be there now! Go to the bedside and all members of the team.
- Go to the problem; EMS, Codes, Problems,
- Encourage and equip; compliment in public feedback (criticize) in private.
- Channel emotions to be positive never negative or angry,
- Be a finisher and a closer!
- Reflect and debrief

Be “A” Team!
(Mayer TA; “Leadership for Great Customer Service” 2004)

**A TEAM**
- Positive and proactive
- Confident but compassionate
- Competent
- Communicator
- Team Player
- Trustworthy
- Teacher
- Does whatever it takes
- Early and great sign out
- Complements and encourages
- Sense of humor

**B TEAM**
- Negative and passive or reactive
- Administrator Scrooge
- Confused
- Poor communicator
- Lazy
- Often does not share facts
- Secretive
- Does only their job
- Always late and disorganized
- Complains and tears down staff
- Mean
Managing the ED - Resuscitations

• Internal medicine residents feel inadequately trained to lead (49.3%)  
• Many felt standard ACLS was not enough (50.9%)  
• Few had staff supervision (14%)  
• Few had debriefing (5.9%)  


Managing the ED - Resuscitations

• Study from U Penn in late 1990s  
• Compared having a command-physician to not having one.  
• During trauma codes if command-physician present then more likely to have performed secondary survey.  
• Better adherence to ATLS  
• More likely to have a definitive plan  

(Hoff, WS, et al. J of Trauma 1997;43:772-777)

Lighthouse Leadership


• Took video of 20 cardiac resuscitations  
• Better team structure (more organized with role assignments) resulted in quicker intubations, and quicker and better task completion  
• Better team structure initiation resulted in better understanding by the team and the team worked more effectively together.
Lighthouse Leadership
• Leaders needed to be positive and motivate and encourage team members.
• Leaders were poor at assigning tasks and taking command
• If the leader was too “hands on” the team performed poorly
• Leaders were less effective if they decide what and how things should be done
• A subsequent study demonstrated leadership training helps (Cooper S. Resuscitation 2001;49:33-38)

EM Resident Effectively Direct Cardiac Resuscitations
• Compared in-hospital arrest teams of hospitalists versus EM residents
• ROSC and Survival to hospital DC not different
• EM MDs arrived quicker

Summary of ED Leading and Managing
• Working in the ED and leading resuscitations is more managing than leading
• Laws and qualities pertaining to management are keys here;
  – Connecting at multiple levels,
  – Equip and empower those around you,
  – Lead and manage by example
  – Think “strength-based!”
• Strive to be “A – Team!”
III. Applying Leadership to Clinical Teaching

Leadership and ED Teaching

- Learner centered instruction was the single most cited effective learning strategy
- Every case can provide a teaching point
- Active learning is more effective than passive learning
- Learn how to deliver excellent feedback

Consider Teaching Cognition Issues

- Amygdala
- Prefrontal cortex
- Ventral medial prefrontal cortex
- Neocortex
- Limbic brain
Bedside ED Teaching

• “Cognitive Errors and Strategies to Minimize Them” Learn and teach the most common CDRs and ADRs
  (Croskerry P. Acad Med 2003;78:775-780)
• Dual Process Theory how it can help or hurt
• Empathy, Sympathy, EI and Patient Satisfaction
• Metacognition and Reflection
• “Flow” and Strength-based activities

Categorizing CDRs
(Croskerry P. Acad Med 2003;78:775-780)

1. Physician Affect or Personality
   1. Overconfidence
   2. Commission/Omission bias
2. Patient Characteristics or Presentation Context
   1. Attribution error
   2. Yin-yang out
3. Diagnosis due to the thinking of others or your prevalence perception
   1. Diagnosis Momentum
   2. Framing effect
   3. Availability
4. The Doctor to Diagnosis Bond
   1. Representativeness Restraint
   2. Confirmation Bias
   3. Search Satisfaction, Anchoring and Premature Closure

Empathy, Sympathy and EI

• Empathy: a predominantly cognitive attribute that involves an understanding of patients’ experiences, concerns and perspectives combined with a capacity to communicate this understanding and an intention to help. (Cognitive Domain)
• Compassionate care, and putting oneself in the patient’s position but with compassionate detachment.
• The Affective Domain is the ability to join experiences and feelings of another person
Empathy, Sympathy and EI

- **Sympathy**: a predominantly emotional attribute that involves feeling patients’ pain and suffering, often emerging from an egoistic motivation to help the patient and thereby alleviate one’s own personal distress.
- Excessive sympathy could interfere with objective diagnosis and treatment.

Physician EI Problems

- Physicians often missed emotional cues
- Physicians avoid using emotional words
- Emotions influence MD’s decision making
- Countertransference and attribution errors
- Fundamental attribution error

Emotions can influence patient safety


- Most physicians don’t recognize their own emotional states in clinical encounters
- Recommendations and Strategies
  - Raise awareness
  - Clinical teaching; discuss feelings and EI
  - Specific training in recognizing and de-biasing regarding emotional errors
  - Early identification of emotional and psychiatric disorders
  - Combating unconscious emotional dysregulation
Benefits of Empathy and EI  

- Positively associated with ratings of clinical competence in core clerkships  
- Better history taking and physical examination  
- Empathy enhances patient-physician communication and trust and treatment effectiveness  
- Better Patient and Physician Satisfaction  
- Empathy linked to better attitudes toward elderly patients  
- Reduced malpractice litigation  
- Women demonstrate more empathy than men

Flow and Strength Based Activities  
(Marcus Buckingham)

Summarizing Leadership and ED Clinical Teaching

- Become familiar with literature regarding what makes an excellent teacher including  
  - teaching obstacles,  
  - teaching strategies,  
  - questioning strategies  
  - effective feedback  
- Start teaching about non-clinical topics  
  - cognitive errors and dual process theory  
  - EI and empathy  
  - metacognition and reflection  
  - importance of strength-based activities
IV. Applying Leadership to Diversity

Types of Diversity
- Gender
- Race
- Generational
- Cultural
- Language
- Religious
- Political
- Sexual Preference

Diversity
- **Stereotypical Threat**: individuals who are members of a group characterized by a negative stereotype in a particular domain perform below their actual abilities in that domain when group membership is made salient.
- This leads to stress, negative mood, reduced mental capacity, decrease motivation resulting in impaired performance.
Women in Leadership in Medicine
- Women earned 11% less than male counterparts after adjusting for other factors
- Fewer women were associate, full professors and in leadership positions
- Fewer women on tenure track
- One third of women felt discriminated against versus only 5% of men
- Men were more willing to move for a better job
- Productivity (# of publications) not different

Women in EM Leadership
- Women in Academic EM were less likely to hold major leadership positions
- Women spent more time in clinical and teaching activities
- Women published less in peer reviewed journals.
- Women less likely to achieve senior academic rank in their medical schools

Female Chairs in EM
- 7.5% of all chairs were women
- 15% of all RPDs were women
- 22.3% of all faculty were women
- EM Departments chaired by women had a higher percentage of women faculty (31% vs 22%)
- EM Department chaired by women has higher proportion of female RPDs (50% vs 12%)
Diversity Strategies

- Tool for Assessing Cultural Competency Training (TAACCT) by the AAMC and take the IAT (Implicit Association Test)
- Review diversity policies (ACEP, AAEM, SAEM)
- Include diversity discussion in lectures
- Include an expert to discuss diversity and health care disparities
- Discuss articles on the subject at journal clubs and see CORD Bibliography

Reducing Stereotypical Threats

- Introduce the concept of stereotypical threat to the academic community
- Engage all stakeholders, male and female, to promote identity safety
- Counteract the effects of occupational sex segregation at academic health centers
- Reduce gender stereotype priming
- Build leadership efficacy of among female physicians and scientists

Other Proposed Solutions

- Regular monitoring of salaries, tracks and promotions
- System for mentoring and advising
- Provide leaders with education about subtle forms of discrimination
- Reward departments with diversity successes
- For Logic of Diversity see Scott E. Page paper (Page SE. Acad of Management Perspectives November 2007)
Leading, Managing and Working with Diversity

• Recognize its magnitude
• Work on connecting with diversity
• Recognize and use non-language cues
• Seek out strategies and resources

Questions?