

# Developing new faculty: How to nurture and train effective leaders in medical education

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# Disclosures

- I have no conflicts of interest

# Objectives

- To identify “what makes a great leader?”
- Recognize different leadership styles
- Understand the role of emotional intelligence
- Why this is important in medical education



# Who are the leaders in medical education now?

- University or medical school presidents
- Deans
- Designated institutional officers
- Program directors
- Associate and assistant program directors
- University or non-university faculty
- Volunteer faculty
- Those serving on national organizations (ACGME, ABAI and other boards)
- Fellows
- Residents
- Students - as soon as you open a book, you become an educator



# Identifying the next generation of leaders in medical education?

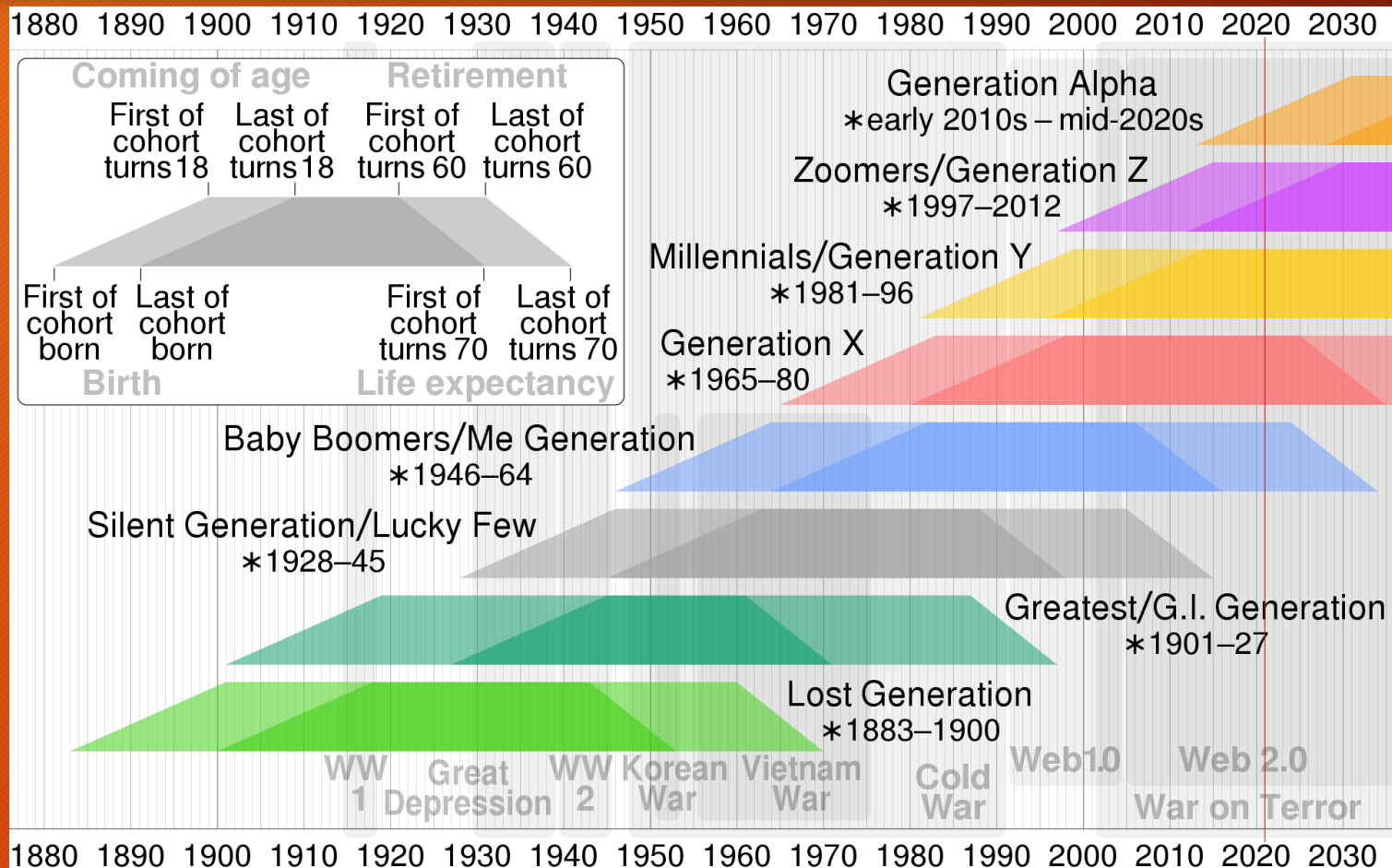
- Who are they?
  - Mostly younger generation
    - Millennials, Gen Z and beyond
  - Recently graduated fellows who want a role in GME
    - Associate program directors
    - Assistant program directors
  - New volunteer faculty who are unpaid but are passionate about education!



# The generations

Generation	Year of birth	Age (yrs)	US population shaped by
Lost generation	1883-1900	111-128	World War I, Spanish flu
Greatest generation	1901-1927	94-110	Great depression, World War II
Silent generation	1928-1945	76-93	Civil rights movement, Korean war
Baby boomers	1946-1964	57-75	Civil rights act, Vietnam war
Generation X	1965-1980	41-56	Personal computers, Watergate
Generation Y (Millennials)	1981-1996	25-40	Technology, social media
Generation Z	1996-2011	10-25	COVID-19
Generation Alpha	2011-present	0-10	COVID-19

# Graphical representation of generations



# Cultural bias, geographical and social diversity

- Some events shape multiple generations
  - World Wars
  - Pandemics (Spanish flu, COVID-19)
  - The Cultural revolution in China
  - Famine
  - Civil wars



# Is it fair to lump people into a generation?

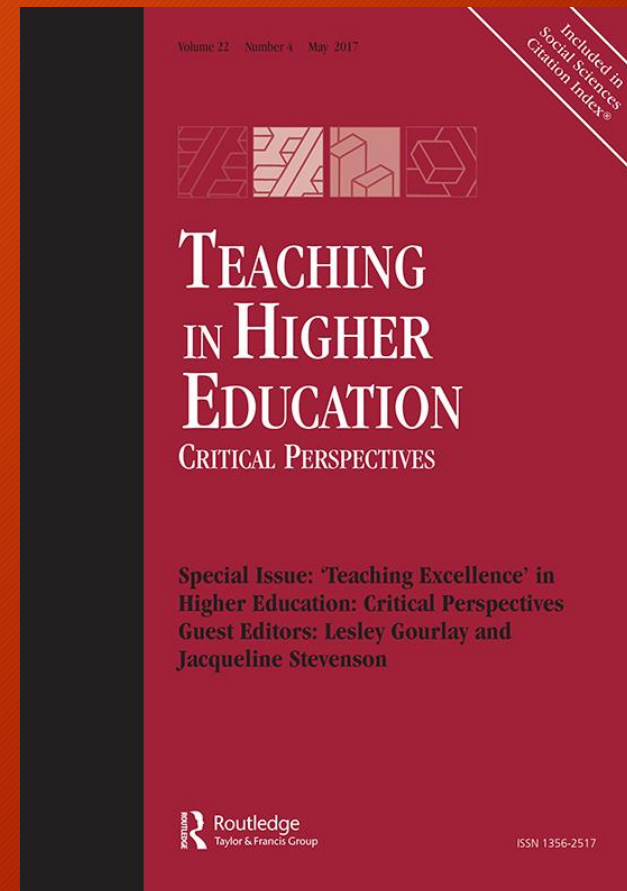
- Generations are artificial
- People are different
- Cultural events vary
- Family values vary
- Individual circumstances shape who you are
- Generalizations do more harm than good

# Formal training in leadership and education



?

Do we really get any?



# Management skills for physicians

Leadership Development

## Most Doctors Have Little or No Management Training, and That's a Problem

by Jennifer Perry, Foster Mobley, and Matt Brubaker

December 15, 2017

### The Skills Physician Leaders Need at Different Stages of Their Career

Greater leadership responsibilities demand a shift in skills.



SOURCE FMG LEADING

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# Characteristics of great leaders

Integrity

Ability to delegate

Communication

Self-awareness

Gratitude

Learning agility

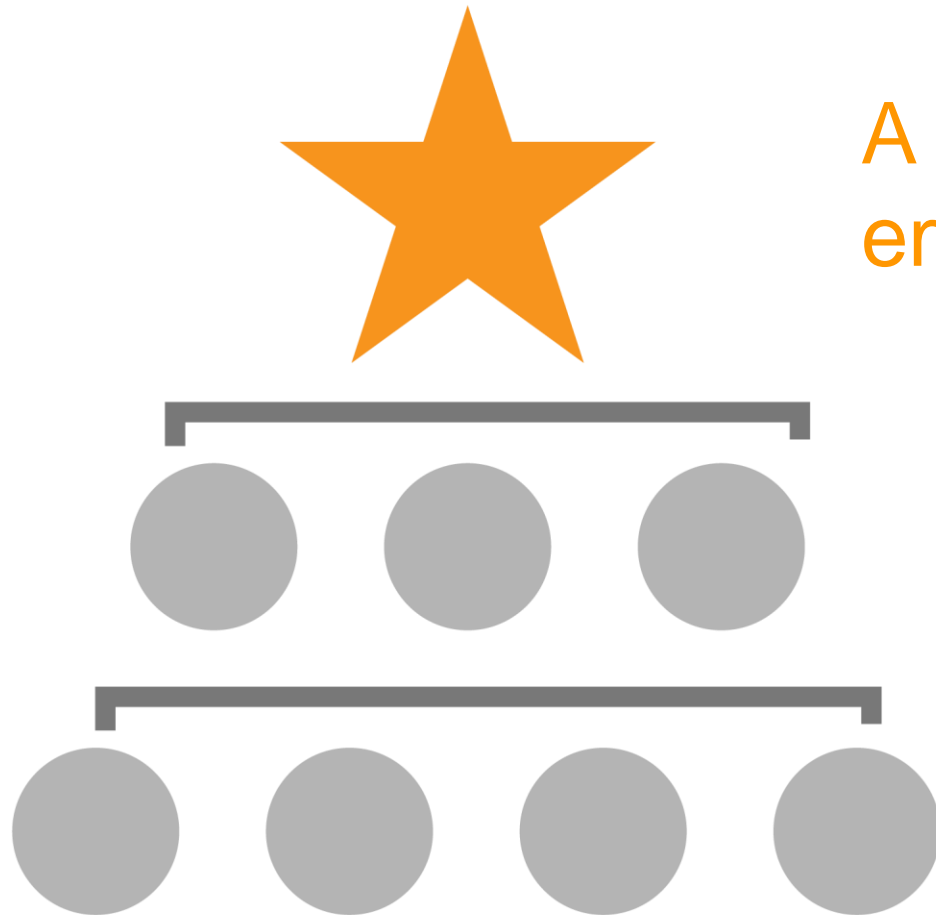
Influence

Empathy

Courage

Respect

# What Do the Best Leaders Have in Common?



A high degree of emotional intelligence

# 5 Components of Emotional Intelligence



**Self-  
awareness**



**Self-  
regulation**



**Motivation**



**Empathy**



**Social  
skill**



**Emotional intelligence is **twice** as important as technical skills or IQ.**



# Emotional intelligence

## The Five Components of Emotional Intelligence at Work

### SELF-AWARENESS

**Definition:**

the ability to recognize and understand your moods, emotions, and drives, as well as their effect on others

**Hallmarks:**

- self-confidence
- realistic self-assessment
- self-deprecating sense of humor

### SELF-REGULATION

the ability to control or redirect disruptive impulses and moods; the propensity to suspend judgment—to think before acting

- trustworthiness and integrity
- comfort with ambiguity
- openness to change

### MOTIVATION

a passion to work for reasons that go beyond money or status; a propensity to pursue goals with energy and persistence

- strong drive to achieve
- optimism, even in the face of failure
- organizational commitment

### EMPATHY

the ability to understand the emotional makeup of other people; skill in treating people according to their emotional reactions

- expertise in building and retaining talent
- cross-cultural sensitivity
- service to clients and customers

### SOCIAL SKILL

proficiency in managing relationships and building networks; an ability to find common ground and build rapport

- effectiveness in leading change
- persuasiveness
- expertise in building and leading teams



# Self-awareness

- Realistic self-assessment
- Self-deprecating sense of humor
- Confidence





**Leaders who see  
themselves clearly  
also see their  
organizations clearly.**

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# 2

## Self-regulation

- Thoughtfulness
- Comfort with ambiguity
- Integrity





**Leaders who control  
their feelings create  
an atmosphere of  
fairness and trust.**

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# Motivation

- Passion for the work
- Desire to raise the bar
- Commitment and optimism

## Seeing the Upside in a Plunging Portfolio

“It was the best thing that ever happened to me—I learned so much.”





**The drive to excel  
is contagious.**

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# Empathy

- Ability to read between the lines
- Skill with group dynamics

# Why Leaders Need Empathy



**Teamwork**

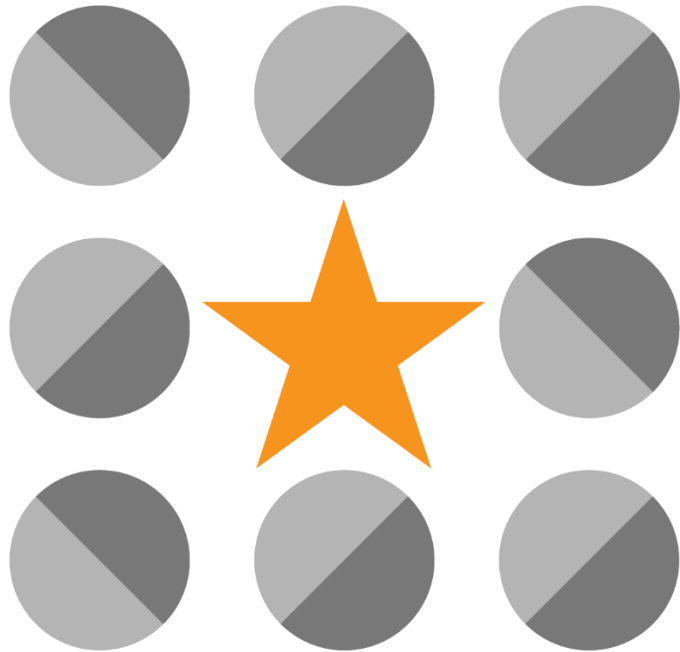


**Global  
business**



**Talent  
management**





**Leaders need to  
understand team  
members and help  
them collaborate.**



**Leaders must  
read cross-  
cultural cues.**

**Interpreting  
Body Language**



**Leaders who  
manage with  
empathy increase  
satisfaction and  
reduce turnover.**

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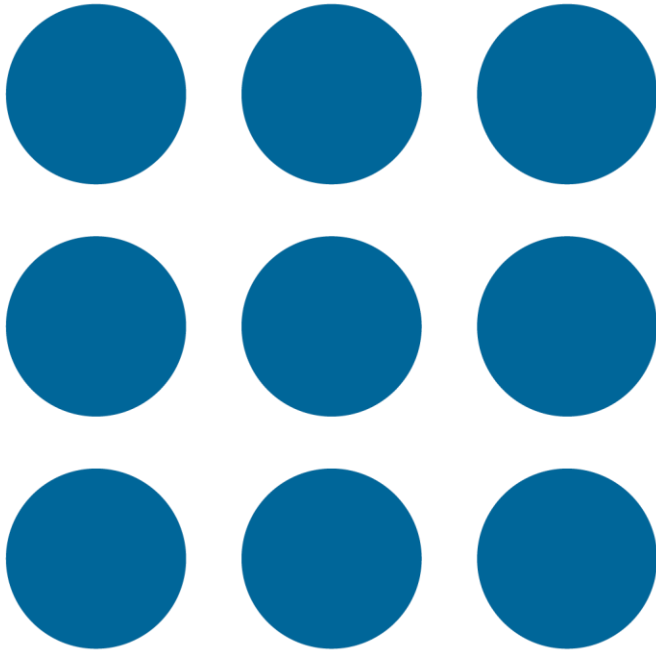
# Social Skill

- Expertise with teams
- Persuasiveness
- Gift for collaboration

**Sometimes “idle schmoozing” is actually relationship building.**



**A leader can't do everything on her/his own.**



# How to delegate

- Select strategically
- Clarify expectations
- Grant full authority
- Provide feedback
- Evaluate the outcome

**Empowering others!**



**Emotional intelligence can be learned.**

# Emotional intelligence:

~~Nice~~ to have

 Need to have

# Leadership styles



# Goleman's leadership styles at different hierarchical levels in medical education

**Table 1** Displays the demographic information for first- middle- and senior- level leaders

Category	Total number of participants	Gender (M:F ratio)	Age range (mean)	Years in medical education leadership position(s) (mean)	Leadership positions
Event Study					
First-level	28	4:3	23–29 (25)	3–5 (3)	Chief Residents, Undergraduate Student Leaders
Middle-level	8	7:1	37–64 (52)	8–19 (13)	Program, Course Coordinators, Curriculum Chairs, Directors of Academic Centres
Senior-level	6	3:3	49–68 (57)	8–24 (18)	Associate & Assistant Deans and Dean
Semi-structured interviews					
Senior-level	8	5:3	48–68 (57)	10–20 (15.7)	Associate Deans, Senior leaders in national level medical education organizations



**Table 2** Displays the leadership styles identified by first- middle- and senior- level leaders as being most frequently used in their practice (top three rankings)

Rank	Leadership styles	First-level leaders	Middle-level leaders	Senior leaders
1	Visionary	25%	25%	33%
	Coaching	11%	50%	17%
	Affiliative	11%	0%	33%
	Democratic	50%	25%	17%
	Pacesetting	4%	0%	0%
	Commanding	0%	0%	0%
2	Visionary	14%	25%	17%
	Coaching	43%	38%	17%
	Affiliative	11%	13%	0%
	Democratic	21%	25%	50%
	Pacesetting	11%	0%	17%
	Commanding	0%	0%	0%
3	Visionary	21%	13%	17%
	Coaching	29%	13%	50%
	Affiliative	21%	38%	17%
	Democratic	21%	25%	17%
	Pacesetting	4%	13%	0%
	Commanding	4%	0%	0%

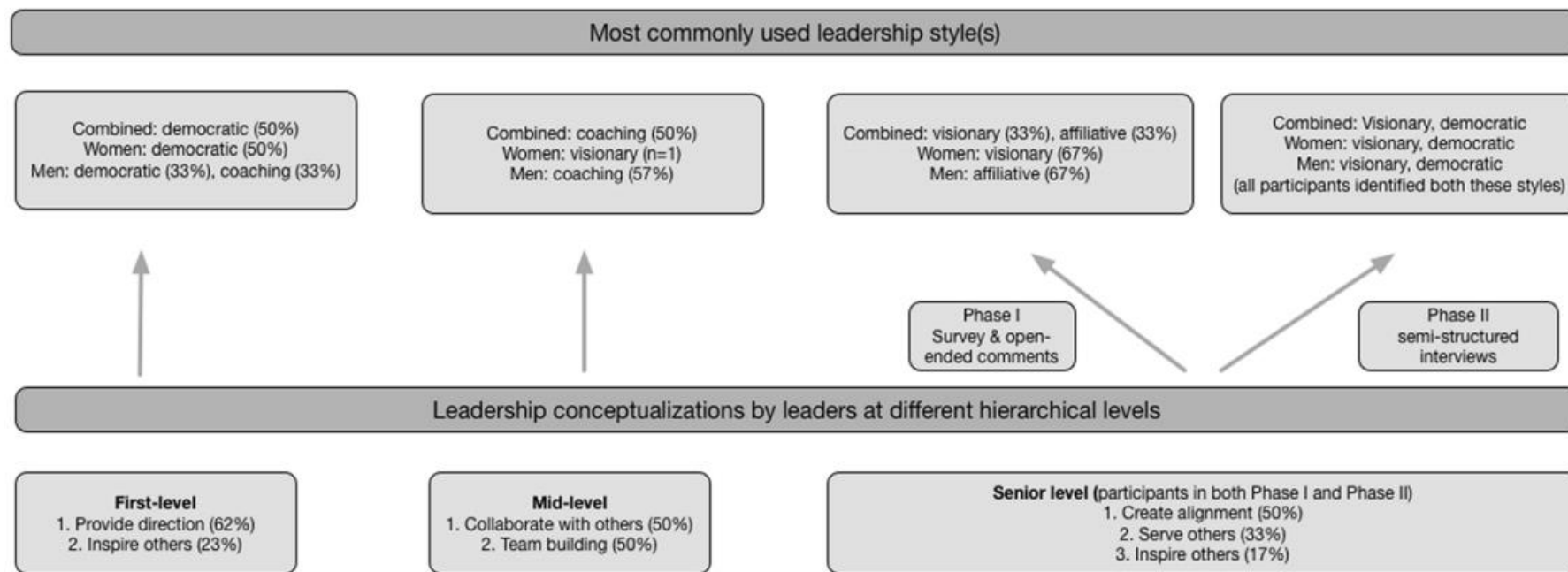




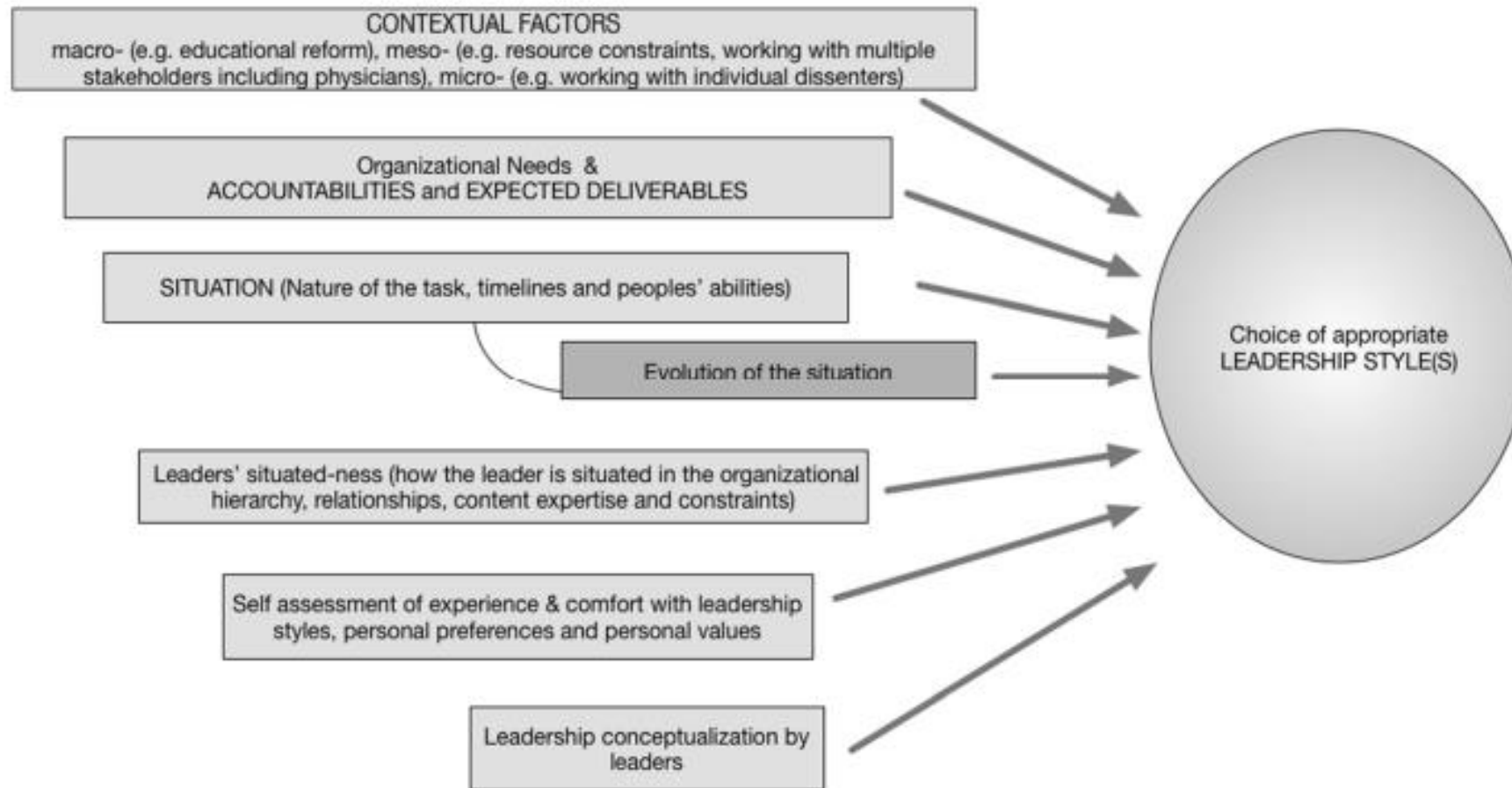
**Table 3** a) Displays the mean rankings for First- Middle- and Senior- leaders, as well as across gender, for the six leadership styles. Within groups, leadership styles represented with an asterisk were found to be significantly more used ( $p < .05$ ) than bolded leadership styles

a) Phase I (Mean rankings of different participant groups)						
	Visionary	Coaching	Affiliative	Democratic	Pace-setting	Commanding
First level leaders	2.93	2.61	<b>3.61</b>	<b>1.86*</b>	<b>4.49</b>	<b>5.41</b>
Mid-level leaders	3.06	<b>1.63*</b>	3.63	2.63	<b>4.56</b>	<b>5.50</b>
Senior leaders	2.67	2.678	3.0	<b>2.33*</b>	4.75	<b>5.58</b>
Women (mean rank)	2.20	2.50	4.0	<b>1.90*</b>	<b>4.90</b>	<b>5.50</b>
Men (mean rank)	3.35	<b>1.77*</b>	3.15	2.69	<b>4.50</b>	<b>5.54</b>
b) Phase II (Use of leadership styles by senior leaders who were interviewed)						
Participant	Visionary (most commonly used)	Coaching	Affiliative	Democratic (most commonly used)	Pace-setting (when required)	Commanding (when required)
1	yes	x	x	yes	yes	yes
2	yes	yes	yes	yes	yes	yes
3	yes	x	x	yes	yes	yes
4	yes	x	x	yes	yes	yes
5	yes	yes	x	yes	yes	yes
6	yes	x	x	yes	yes	yes
7	yes	yes	yes	yes	yes	yes
8	yes	x	yes	yes	yes	yes

b) Provides an overview of the leadership styles Senior-level leaders identified as using in the semi-structured interviews



**Fig. 1** Leadership styles related to leadership conceptualizations (Phase I)



**Fig. 2** Identified factors affecting the use of leadership styles in medical education (Phase II)

# Leadership in education

1. When it comes to leadership, emotional intelligence is critical
2. There are many styles of leadership; which one is used is determined by multiple factors
3. Medical education requires use of a variety of leadership skills, beyond coaching and teaching



# The rewards of teaching

- Education is not the filling of a pail but the lighting of a fire - William Butler Yeats (1865 - 1939)
- A good teacher affects eternity; he can never tell where his influence stops - Henry Adams (1838-1918)

## Passing the torch





YOU ARE NOT A LEADER  
UNTIL YOU HAVE PRODUCED ANOTHER  
LEADER WHO CAN PRODUCE ANOTHER  
LEADER

Simon Banks