



## Physician Leadership

### PRESIDENT'S MESSAGE



By Margaret E. Parsons, MD

RECENTLY AT A COMMUNITY EVENT, a physician spouse (in the official Medicare age category) mentioned that fewer physicians are engaged in community organizations than in past years. Of course, this got me thinking about physicians, community, and the varied roles we play.

One of our recent SSVMS Past Presidents, Richard Pan, focused on this in his presidential year. Richard believes firmly that physicians can serve in many roles beyond just our daily patient care. During that year, SSVMS spent some time reviewing physician participation in the community, including leadership roles on both health and non-health related boards.

We learned that there are many engaged in a variety of organizations and boards. There also seemed to be a cadre serving more directly in things related to family, such as coaching sports teams. We also learned there were many places where physicians had the opportunity to serve on community boards (including health-related and non-health related, such as the arts) and local elected boards, such as park and school boards. Many of those opportunities for leadership are still open.

Have things changed from years past? Many outstanding physician leaders serve in so many ways. But yes, there is probably a change.

Medicine is different than it was 20 or more years ago and that affects the time we have and choices we make in giving back. Volunteerism has also changed. Some board work is now done electronically and via conference call. Organizations now have many "done in a day" projects; getting longer time commitments can be difficult. All non-profit organizations are reviewing how they use volunteer leaders and develop new leaders and volunteers.

Where do physicians fit in? There seem to be fewer physicians on community board lists.

How are physicians serving in community leadership? I believe that we are all leaders and develop those skills every day as we work in clinics and hospitals, whether in a small office with one physician and a few staff, a surgical team, a faculty physician at a teaching hospital, or a larger clinic team. We can bring the skills we have developed over the years to any project or board we might serve on.

As one of the professions that always ranks among the highest in respect (along with the firefighters and teachers), we lead by example in our offices, on the wards, with staff, and with patients. Those of us who see children, adolescents, and young adults as patients also serve as role models. As I practice in a specialty that I sometimes call "family practice of the skin," I enjoy hearing from parents what the "kids" are doing with their lives. This is the time of year when many of us also know young people applying to medical school and answer questions about medicine and different schools. We lead by sharing the good of medicine, even if the reality of some of the current paperwork and process of medicine

frustrates us.

Recently, a colleague in dermatology died of a heart attack, and I was struck by the hole in my group of organizational mentors and friends. His quiet strength was always to be thoughtful, kind and do good.

Indeed, his family listed Sir William Osler's three personal ideals on his memorial service notice: "One, to do the day's work well and not to bother about tomorrow.... The second ideal has been to act the Golden Rule, as far as in me lay, toward my professional brethren and toward the patients committed to my care. And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man."<sup>1</sup>

After returning home from the meeting where this had been shared, I looked at my bookshelves and contemplated different readings. Among the usual textbooks, I have a small group of older texts, including one by Osler. I took time to read some of the essays and found wonderful thoughts about an approach to patients and life (along with some outdated and not so appropriate to the current era).

But the bookshelf I have recently turned to more consistently is the one with leadership books. I believe we as physicians need to grow and gain skills to lead in our daily lives in clinics and hospitals. We need these skills as well to advocate for medicine and our patients through medical societies and when directly advocating with lawmakers. By keeping medical societies strong, we ensure the future of medicine.

And when able, these skills should be shared as well with community groups and activities, as that, too, is part of what being a physician can be. I share Past President Richard Pan's vision of physicians on park boards, school boards, coaching kids sports, serving on agencies and commissions, and serving on other community boards even more than we already do. Part of being a physician is representing health to the community and making sure that health needs are part of other broader visions and projects.

Our role as physicians brings a respect and presumed knowledge base and perspective; we have a platform and also a responsibility to be aware and work towards building pieces of the greater healthy community structure. Our title of physician brings health to the "table," even if the "table" is a sideline cheering a child on at a sporting event.

I encourage including leadership books in with medical and non-medical readings. As physicians we are always learning - that is indeed our nature. The lessons from these books can apply to many aspects of our lives as well as our role as physician leaders and our role in our communities. Some from my shelf:

**Good to Great for Social Sectors** (Jim Collins): a short monograph aimed at leadership in non-profits

**Who Moved My Cheese** (Spencer Johnson): simply written and a fast read that leaves you thinking about where you want to get to and to get outside the usual box.

**Tippling Point and Blink** (Malcolm Gladwell): I confess I only got half way through these two before my husband snagged them for his reading, but they still made a strong impact.

**The Standard Code of Parliamentary Procedure** (Alice Sturgis): the text makes sense of Robert's Rules of Order and, more importantly, reviews the structure of boards and committees and their processes. A must for board leadership.

**Getting to Yes** (Roger Fisher): the classic negotiation book. Short and to the point.

**It's Your Ship** (Captain Michael Abrashoff): leadership learned and applied to build a team and make it work and some interesting thoughts about best use of government VISA cards.

**Lincoln on Leadership** (Donald Phillips): shorter than any Lincoln biography, this highlights some key leadership principles used by President Lincoln.

**How Doctors Think** (Jerome Groopman, MD): the book everyone but physicians has been reading, so we had better know what they think of us!

**Renegotiating Health Care: Resolving Conflict to Build Collaboration** (Leonard Marcus, et al): the text may be approaching 15 years old, but is written by part of the Harvard team that leads seminars for health care leaders and the principles still apply. Excellent read for anyone working in health care systems, hospitals, or group clinics.

New on my shelf: **The Last Lecture** (Randy Pausch). Any book with a section on the importance of "The Lost Art of Thank-you Notes" - and the lecture itself being a YouTube phenomenon with over 6.3 million hits as of August, 2008 - needs to be read. I concur with the Thank-you notes being important and will see what the rest of the text holds.

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1. from Osler's Farewell Dinner, May 2, 1905.

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