Leadership in Primary Care Practice

June 8, 2021

'Leadership is the most studied and least understood topic of any in the social sciences. Never have so many labored so long to say so little...'

- *Warren Bennis, PhD*

Evolution of 'leadership' theory

- "Leaders are born, not made" (1800s)

- Trait theories - leaders **can be** born **or** made (early 1900s)

- Behavioral theory
  - Leaders are **largely made**, rather than born and behaviors can be learnt
  - Empahsizes the actual behavior of the leader and not on their traits or characteristic, and looks for patterns or "styles"

Leadership today

- No longer see leadership as a unidirectional, top-down influencing process, drawing a distinct line between leaders and followers.

- Instead, the focus became on the complex interactions among the leader, the followers, the situation and the system as a whole, with particular attention dedicated to the leadership capacities of followers.

The upshot?

Primary care is a team sport.

So is leadership – we all have a role to play.

While no one model has it all…

- **Compassionate** leadership
- Collective/**Shared** leadership
- **Servant** leadership
- **Follower**ship

Characteristics of Leaders in Primary Care Settings

- Prioritizes staff well-being
- Sets the tone for a Patient Focused culture
- Positive attitutde
- Asks questions
- Actively listens
- Proactively communicates CLEAR objectives at every level
- Takes thoughtful and intelligent action to help others.

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- Highly skilled, motivated professionals in healthcare require **support** rather than direction and **enabling** rather than controlling interventions from leaders

- Living out these characteristics **legitimize them as a valued and worthwhile way of behaving**, i.e. "~~do as I say not as I do~~" "Do as I do…"
  - Emotional contagion

Why is this kind of compassion especially relevant in healthcare?

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What do teams "look like" who are doing this "shared/compasionate leaderthing thing" well?

Six characteristics of highly effective primary care practice teams

"Primary care is a team sport."

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Shared goals

- What would most of your clinic staff say their goal is?

- Does pleasing your supervisor ever creep in above all?

- Truly patient-centered care – what is the *patient's* goal?

- Permission to have tough conversations

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Clearly defined roles

- Moved from the doctor is the center of everything to a culture where staff members are all engaged in achieving the same goal

- Who is doing what?

- And remember…trying to do everything yourself because you don't trust others to do the task as well as you do isn't sustainable….

- Create clarity in roles, but not silos…"that's not my job"

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Shared knowledge and skills.

- Professional development
- Ongoing opportunities for training
- What could the provider delegate?

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Effective, timely communication

- …when the patient is in the office. Do they tell something to the scheduler? Something else to the medical assistant? Did the front office staff notice something in the waiting room?
  - How is this communicated among the team?

- Consistent, clear, ongoing

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Mutual respect

- Seems touchy-feely, BUT…..
- Modeling a "compassionate vocabulary"
- Foundational to healthy relationships
- Creating 'psychological safety" in your team – AHRQ Guide:
  - Inviting input from all team members.
  - Encouraging team members to contribute.
  - Promoting active listening and learning from each other.
  - Acknowledging the limits of their own knowledge.
  - Celebrating failures, providing positive reinforcement for innovations even though they don't always work.

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An optimistic, can-do attitude

- **Appreciative Inquiry** is an approach that identifies and builds on what is already working well in an organization to foster positive change.

- Routinely starting team meetings with appreciative questions can build a positive culture:
  - What is something that went well for you today?
  - What is something positive that has happened to you personally or professionally this past week?
  - Has a patient or family member told you that you made a difference?
  - Have you noticed a team member go beyond the call of duty sometime this week?

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Getting there...

SELF-REFLECTION – EX. DO THE WORKSHEET AND TAKE NOTES

IDENTIFY A REASON FOR CHANGE – SOMETHING THAT COMPELS PEOPLE TO DO SOMETHING DIFFICULT. SAVING TIME? REDUCING FRUSTRATION? FEELING MORE EMPOWERED? FEELING MORE COMPETENT?

TRY A FEW SIMPLE THINGS - START WITH THE EASIEST CHANGES AND BUILD FROM THERE.

Getting there…

PILOT A CHANGE IN YOUR OWN LITTLE SPHERE OF THE PRACTICE AND DO IT SO WELL THAT EVERYONE ELSE WANTS TO TAKE PART IN IT.

IF YOU HAVE A TEAM MEMBER WHO IS PARTICULARLY RESISTANT, THINK – WHO DO THEY TRUST? AND GET THAT PERSON ON BOARD.

AS MORE AND MORE STAFF MEMBERS CATCH A VISION FOR TEAM-BASED CARE AND BECOME WILLING TO PARTICIPATE, THE CULTURE WILL CHANGE THROUGHOUT YOUR PRACTICE.

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THANK YOU

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The Role of Leadership in Creating a Culture of Patient and Family-Centered Care

Leadership Self Reflection Questions

Reflecting on the last 30 days…

1. Are you satisfied with the proportion of listening to talking you've done?

2. Are you satisfied with the proportion of problem solving to problem lamenting you've been engaged in?

3. Are you satisfied with how authentic you feel you've been?

4. Are you satisfied with the frequency with which you've actively solicited viewpoints and ideas from others on the team?

5. Are you satisfied with how much time you've spent with patients and families to consider ways to improve the practice?

6. Are you satisfied with how often you've felt that your work has purpose?

7. Are you satisfied with how often you've impressed on others on the team that their work has purpose?

8. Are you satisfied with how consistently you have "put patients first?"

9. Are you satisfied with how often you've been a good team member?

10. Are you satisfied with the amount of time you've dedicated to coaching staff to enable their growth and development?

11. Are you satisfied with the frequency with which you have actively addressed a potential problem at work when your instinct was to avoid it?

12. Are you satisfied with the frequency with which you've taken a healthy risk or dared to try something new?

Tally your Yes's:

0-4: Leaders are not created in a leadership academy or on a webinar. They're created out of the experience of leading. It's time to get out there, take some risks, be willing to be vulnerable – and lead.

5-8: You are on the right path.   Give yourself credit for the areas where you've placed some focus over the past 30 days. Based on your responses, be aware of where they may be disconnects between your leadership intentions and your day-to-day behaviors and attitudes. Reflect on the reasons behind those disconnects.

9-12: You exhibit leadership in action. Keep at it! But make a point of repeating this exercise at regular intervals to remain attuned to how your leadership practices and approaches bend based on current activities and the state of the environment you're in.