ON THE LEARNING CURVE

Leadership Skills, Part IV

Over the past several months, I have begun to explore how personal introspection and a focus on self-improvement can improve your leadership skills and potential. However, this is just a beginning. For a leader to be effective, he or she must be able to take these skills and manage a group or team.

BY LEE SAVIO BEERS, M.D.

You may be able to clearly articulate your long-term goals, thoughtfully discuss the strengths and weaknesses of your leadership style, and end every day with a clean desk, yet still be unable to achieve your intended outcomes or create any kind of meaningful change. Management and team-building skills are the necessary next steps in leadership development. Of course, I probably don't need to add, in real life many of these things occur simultaneously or "out of order"—which is completely expected and okay.

There are countless numbers of skills that a great leader possesses, but through my reading and experience, I have identified a handful that I think create a strong base on which to build. With these core abilities as a platform, you can begin to grow and experiment, furthering your own transformation:

► **The ability to teach.** No, I don't mean that every pediatric leader needs to be in academic medicine. We all teach, every day, no matter where we practice or what we do. We teach our patients, our staff, our community, and even our family and friends. (I know we all get those phone calls: "I was going to call my pediatrician, but I thought I'd ask you first instead. …")

No matter how inspired your treatment plan is or how great your ideas are, if you are unable to communicate them effectively, no one will really hear them or be able to follow through. Most of us have learned through our careers in very structured and didactic ways, but I would argue—based on the work of others who know much more about this than me—that learning is actually a partnership between the teacher and the learner. This may be different from what we each have experienced and might require a new way of thinking, but improving your teaching and communicating skills will have a great impact.

► **Team-building skills.** The whole is greater than the sum of its parts. Everyone working together in a supportive, encouraging environment will improve productivity many times over. Team building is more than just playing trust games at a retreat once a year. It requires a daily dedication to creating a work environment that promotes excellence and meets the needs of both patients and staff.

► **The ability to give effective feedback.** Even the best staff will falter at times, and in reality every team has both high- and low-performing individuals. However, the only way to improve performance is to be sure that everyone receives timely, specific, and constructive feedback, both when things go poorly and when things go well. This is not an easy task for many, myself included, because it often feels very negative. However, delivered in a way that encourages improvements, feedback is actually a very positive thing.

► **Conflict-resolution skills.** As a generally conflict-avoidant individual, I find that this is another very difficult skill. However, conflicts always occur, even on the best-functioning teams, and if managed early, they can be dealt with much more easily than if they are left to linger. Often, the conflicts lie below the surface and are not easily teased out; sometimes, we don't realize the conflict was there until it explodes in our face. Unfortunately, unaddressed conflict can undermine an entire team, so it really is critical to be willing and able to face it head on.

► **The ability to run an efficient meeting.** This may seem relatively mundane compared with the previous four skills, but it really can make or break a leadership effort. An efficient, well-run meeting will win you allies, get things done, and strengthen the team. A poorly run meeting will frustrate and discourage those you are working with.

Over the next months, I will discuss these skills in more detail, and suggest resources for further learning. I hope to help you build on your managerial skills, and even put them into practice, as we continue to focus on leadership training and development. ■

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ABMS Updates Standards to Stress Quality Improvement and Patient Safety

BY ALICIA AULT

NEW ORLEANS — The American Board of Medical Specialties has approved standards to its maintenance of certification program, with a growing emphasis on more public disclosure and more evidence-based continuing medical education, said Dr. Richard E. Hawkins, ABMS senior vice president for professional and scientific affairs.

Speaking to the Society of Gynecologic Surgeons, Dr. Hawkins outlined the actions taken by the ABMS Board of Directors in March.

As part of the maintenance of certification (MOC) process, physicians will now have to provide evidence of participation in practice-based assessment and quality improvement every 2-5 years. The ABMS is urging physicians to use nationally approved measures such as those endorsed by the National Quality Forum. By 2011, all 24 of the ABMS member boards will have to document that diplomates are meeting these requirements.

At that time, the ABMS will allow the public to see which physicians are participating in the MOC process, most likely through a searchable Web site, Dr. Hawkins said in an interview. Details on how the data will be presented are still being worked out with the 24 member boards, he said.

The ABMS Board of Directors voted to require all physicians to complete a patient safety self-assessment program at least once during each MOC cycle, beginning in 2010. Because ABMS member boards are at different stages of implementing MOC, some may not be equipped to start requiring this of their diplomates, said Dr. Hawkins. In recognition of this, the ABMS board dubbed the patient safety program a "developmental standard," which means that it is essentially a pilot that will be reevaluated during the next 5 years.

The ABMS will be looking at what works and what doesn't, and will make modifications, if necessary, said Dr. Hawkins. Even so, the ABMS standards require this module to be in place for all diplomates by 2014.

The board also approved another pilot standard: Beginning in 2010, physicians who provide direct patient care will be required to submit patient surveys using the Consumer Assessment of Healthcare Providers and Systems instrument, or an equivalent survey that's judged acceptable by the ABMS Committee on Monitoring and Oversight of the MOC. This is to demonstrate communication skills. Again, not all 24 member boards are ready to start requiring this, but the goal is for everyone to have the program in place by 2014, said Dr. Hawkins.

Similarly, the developmental standard on peer surveys—requiring physicians to participate beginning in 2012—will be implemented by member boards at their own pace, but will still be expected by 2014. Both of these survey requirements will be evaluated and updated as necessary during the next 5 years.

Dr. Hawkins said that some of the surgical boards within ABMS have been discussing the creation of a national surgical clinical registry to track individual surgeons' performance, a development that is "likely to happen."

Since physicians currently have to report quality data and process improvement to various agencies, the ABMS is working on ways to streamline data collection and reporting for MOC, said Dr. Hawkins. The ABMS also is in discussions with insurers, government agencies, and purchasers to determine how to make MOC more valuable to those entities, he said.

In a statement issued by the ABMS, Dr. Kevin Weiss, ABMS president and CEO, echoed that sentiment. "Ultimately, it's our patients and the public of this country for whom these principles were developed to ensure they are receiving high-quality health care," he said. ■

Sebelius Confirmed As New HHS Head

President Obama now has a Health and Human Services secretary to help shepherd his ambitious health reform agenda through Congress and deal with emerging problems like the swine flu outbreak.

In a 65-31 vote, the Senate confirmed Kansas Gov. Kathleen Sebelius, a Democrat, as HHS secretary on April 28. Under an agreement reached between Senate Democrats and Republicans, 60 votes were required for confirmation. She is the last member of President Obama's cabinet to be confirmed by the Senate. Gov. Sebelius was sworn in later that day at the White House and was immediately briefed on the swine flu situation by Homeland Security officials.

Gov. Sebelius, a two-term governor and former state insurance commissioner, has been praised for her bipartisan approach to governing in Kansas. However, her confirmation was initially slowed in the Senate over conservatives' concerns about her position on abortion. For example, antiabortion advocates called her unfit for the HHS post after she vetoed controversial state legislation that would have increased reporting requirements on late-term abortions and left physicians who perform abortions open to civil litigation if the abortion was later deemed illegal.

The American Medical Association praised Gov. Sebelius for her work to expand health coverage to children in Kansas, as well as for the role she played in blocking a major insurance merger in her state.

—Mary Ellen Schneider