

## ON THE LEARNING CURVE

## Leadership Skills, Part VIII

Meeting management may seem like a simple skill that doesn't require much thought, but honing your skill in this area can lead to productive meetings that enhance your team's performance.

All of us have attended meetings that left us frustrated and wondering why we just wasted an hour (or more!) of our busy day. Hopefully, we have also attended meetings that accomplished something positive toward our goals. As a leader, you want your meetings to be the ones that are effective and motivating, not the ones that are aggravating and tiresome.

**Meeting Management**

The following steps can help you achieve that goal:

► **Determine the need for a meeting.** Don't gather everyone together just for the sake of it. There should be something to be accomplished that is best done in a group. Sometimes, your goal may just be

to give everyone a chance to exchange ideas, ask questions, and express concerns, and that is perfectly okay—in fact, it is a very important goal. Remember, however, that your team still needs time to complete its work; there comes a point when having too many meetings can be counterproductive.

► **Plan appropriately for your meeting.** Prepare a realistic agenda (with times), and be prepared to table a discussion for later if you are running behind and not addressing the things you really need to. Just as you consider your time to be valuable, so is everyone else's—be sure to start and end when you say you will.

► **Give attendees as much advance notice as possible.** This will enable the key players to make room in their schedules to attend; for routine meetings, a regularly scheduled time is very helpful. Let everyone know what you hope to accomplish, and give team members ahead of time any materials you will be discussing.

► **Establish "action items" and assign responsibilities.** At the end of the meeting, be very concrete about what needs to happen and who will be doing it. Be careful not to let one or two people agree to do everything—they will begin to feel overburdened and will have difficulty getting it all completed. Don't hesitate to ask for assistance (either at the time of the meeting or later) if no one volunteers or only a few do so. You, or your designee, should then follow up to address any questions, help remove any barriers, and make sure that all team members are doing what they agreed to do.

Following these simple steps will likely improve your team's efficiency, help move team members closer to their goals, and make your meetings something to look forward to rather than something to dread.

**On Health Care Reform**

I would be remiss if I did not at some point touch on the heated topic of health care reform in a column focusing on leadership skills for physicians. I admit, up to this point, I have not been particularly engaged in this very important debate—the day to day pressures and time constraints of working and having two small children seem to have monopolized my time.

After I watched the president's address to Congress earlier this month, my husband and I spent some time discussing our ideas on transforming our country's health care system. I sighed and said, "I really need to be more involved with this, but I don't even know where to start," at which point my husband looked at me and said, "Well, you do write a column." (Sometimes it takes someone else to state the obvious—another important lesson of leadership!)

So, here is my challenge to all of you (and a little bit of my opinion, too). Regardless of where you stand on this issue, make your voice heard. As physicians, we will be working within the health care system for many years to come. This debate has been about lots of things, but most importantly, it should be about what is right for our patients. We may have different opinions about how to get there, but we have a responsibility to listen to each other, consider the options thoughtfully, and be willing to have a respectful discussion about them.

Do your best to learn the facts and present them truthfully, not just one side of them. Read articles and opinion pieces approaching the topic from a different vantage point than your own, and try to really consider why others believe what they do. I would encourage you not to dig your heels in on one side or the other, but to play a role in helping to move our country toward a health care system that works better than it does now, however that may look.

Many of you are probably already very active in this debate—if you are, think about what more you can do and continue to work to focus the debate on the real issues, not the politics. If you are only minimally engaged, learn more about what is happening and share your thoughts with others—talk to your friends and neighbors and write to (or, even better, meet with) your representatives. This debate will continue with or without us; how much better for us and our patients that we play a part in it. ■

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BY LEE SAVIO BEERS, M.D.

## POLICY &amp; PRACTICE



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**Flavored Cigarettes Snubbed Out**

The Food and Drug Administration has banned fruit- and candy-flavored cigarettes as part of its effort to prevent children from starting to smoke. The agency said it will act against any company that continues to make, ship, or sell such products in the United States. The tobacco control legislation approved by Congress last spring authorized the FDA to target flavored cigarettes, and the agency said it is also examining options for regulating menthol cigarettes and flavored tobacco products other than cigarettes. Almost 90% of adult smokers start the habit as teenagers, and studies have shown that 17-year-old smokers are three times as likely to use flavored cigarettes as are smokers over 25, the FDA said. "Candy and fruit flavorings have unfortunately been some of the most egregious examples of marketing tobacco products to children, and the academy supported the inclusion of this ban in the legislation," American Academy of Pediatrics President David Tayloe Jr. said in a statement.

**FDA Makes Device Grants**

In an effort to have more medical devices available for children, the FDA has awarded a total of \$2 million in grants to three nonprofit device consortiums. A panel of experts reviewed 16 applications for the grants, which were mandated by Congress in 2007 and will be administered by the FDA's Office of Orphan Products Development. The grants, to groups based in California, Massachusetts, and Michigan, are to encourage connections between innovators and potential manufacturers of pediatric medical devices. Each of the grant recipients will coordinate efforts of the FDA, device companies, and the National Institutes of Health to bring pediatric medical devices to market sooner. Development of medical devices for children is a challenge because of differences in size, growth, and body chemistry between age groups. As a result, availability of pediatric devices lags up to a decade behind similar devices intended for adults, according to the FDA.

**Review Raps Medicaid Services**

Preventive care for children and adults is lagging in Medicaid, the Government Accountability Office (GAO) found. It reported that many children covered by Medicaid are not receiving well-child checkups and that providers may not be aware that obesity-related services are covered for youngsters in the program. Most states told GAO that they have set goals for and monitored children's utilization of preventive services available and that they have taken steps to increase the

number of children who received those services through Medicaid. However, the GAO study found that only 58% of children who were eligible under the program to receive a periodic screening, diagnostic, or treatment service in 2007 actually received one.

**HHS Supports Health Centers**

The Department of Health and Human Services has granted \$25.7 million to increase and improve health and support services at public health centers, which are treating many more children than they did before the economic downturn. The federal health center system, overseen by the Health Resources and Services Administration, served more than 17 million medically needy people in 2008, up from 10 million patients in 2001, according to HHS. Since the economic downturn began, the health center patient population has grown by another million people, one-third of them children.

**Obesity Counseling Found Ineffective**

Primary care obesity screening followed by a series of counseling sessions failed to improve body mass index, physical activity, or nutrition in overweight or mildly obese children, a study in the British Medical Journal found. A total of 139 overweight and mildly obese children aged 5-10 years underwent four brief consultations with their physicians in Melbourne over 12 weeks. The objective was to change the children's behavior. But when compared with that of a control group after a year, the intervention group's BMI had not fallen significantly, the study found. Money might be better spent on obesity-prevention activities at the community and population levels, rather than on individual counseling by primary care physicians, the authors concluded.

**HHS Awards Adoption Incentives**

The Department of Health and Human Services announced the distribution of \$35 million to 38 states and Puerto Rico to increase adoptions among children in foster care. Congress created the Adoptions Incentive program in 1997 as part of the Adoption and Safe Families Act, particularly to move older children and those with special needs into permanent homes. As part of the program, states can earn \$4,000 for each additional adopted foster child above a baseline rate established in 2007. They receive additional payments for the adoption of foster children older than age 8 and those with special needs. States use the incentive payments to improve their programs for abused and neglected children, according to HHS.

—Jane Anderson