

Let's Reconceptualize How Leadership Training Fits With Teamwork and Cooperation

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Leadership training is a hallmark of academic fellowships, courses and workshops in medicine, public health, nursing and other health science professions.¹ Workshops on leadership training for residents are offered by the Accreditation Council of Graduate Medical Education (ACGME) and the American Academy of Family Physicians.² The ACGME includes competencies in leadership in the Milestones for Family Medicine Residents.³ This focus on leadership training even extends to a master of science degree in nursing-leadership and management.⁴

In this issue of *Family Medicine*, Van Hala et al report on the development and validation of a self-assessment tool for resident leadership.⁵ The study suggests that by doing a self-assessment, curriculum can be targeted for the individual to improve both their personal leadership skills and their collaborative interprofessional team practice. Although this is an attractive idea, enthusiasm for the measure is tempered by the methodological shortcomings of the development psychometrics and validation of the measure. The authors' decision on the creation of five factors from the principal components and reduction of items is unknown without some indication of the eigenvalues or scree test. Typically, we would expect a measure on a hypothetical construct like leadership to show validity with some sort of test of construct validity (eg, discriminant or convergent validity). Those aspects of the psychometric characteristics of the measure are missing from the article. Validation beyond face validity needs to be demonstrated for this measure before it is widely adopted in practice.

In spite of the drawbacks and limitations of the study, the article sensitizes us to the current societal focus on leadership training. The question arises as to whether the quest to make everyone a leader and convince them to take on a leadership role in interactions is reasonable, consistent with the desire for interprofessional teamwork, or even desirable. There are two major areas in health science centers where teamwork is promoted that require rethinking how we should prepare individuals for the workplace, and how much emphasis we should place on leadership development and expectations to be a leader.

One situation is in the context of research with a current push for team science. It has become recognized that one person can't know or do everything required to successfully complete the research project, and a team of people are required. In this situation, multiple people with different skills work on a project as a team. There is a leader, the principal investigator (PI), who must take formal responsibility for the project. The other members of the team are not the leader and must work in a complementary and collaborative role to the PI for the success of the project. Having multiple people on the project step forward and assert themselves to take the leadership role on the project could be counterproductive and contribute to conflict and chaos. Consequently, individuals need to learn how to be good collaborators, not just leaders, if the project is to succeed. In fact, we may want to reconceptualize leadership skills as knowing when to help the team by implementing collaborative skills.

A second situation is in the context of inter-professional teams in clinical practice. Inter-professional teams are promoted throughout the delivery of health care based on multiple providers working together in a cooperative fashion. The members of the team can be physicians, pharmacists, and nurses, and may include physical therapists, social workers, and other health care providers. In the care for the patient, although multiple providers are working together, the physician is typically the designated leader taking formal responsibility for the patient; there may be times when another team member is better suited for a situational leadership role. Understanding roles, responsibilities, and the abilities of different professions is useful for all members of the team. As with a major research project, not everyone in an interprofessional team is in a leadership role, and if everyone asserted themselves as a leader this could easily be counterproductive. There has to be an awareness of the difference between leadership and membership. Again, the concept of leadership training may need to reconceptualize success and move from teaching everyone to jockey for the first position on a potentially losing team to a communal orientation where leadership is doing what it takes to help the team succeed.

It is possible that we are emphasizing the expectation that everyone should be a leader to the detriment of the personnel needs of actual workplace tasks and the need for cooperation. Cooperation and teamwork are becoming even more necessary considering the speed at which new knowledge is generated. Teaching individuals how to be good collaborators and to work in a cooperative and non-competitive fashion should be an emphasis in

training. We constantly talk about teams and use that vernacular, so we need to change our orientation to leadership to be consistent with this. It can't be a zero-sum game where only the formal leader gets credit. We need to instill the message that being a team member rather than a leader does not mean second best, but rather that the success of the team is what is of paramount importance.

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Family Medicine Call for Submissions: The Outcomes of Family Medicine for America's Health

The Family Medicine for America's Health (FMAHealth) Board of Directors and the journal *Family Medicine* announce our intention to publish a theme issue of *Family Medicine* to highlight the lessons learned and accomplishments of FMAHealth's 5-year collaborative effort to drive improvement in American health care, demonstrate the value of primary care, and reform the specialty of family medicine. The purpose of the theme issue will be to provide an assessment of the project and to update the journal's readers about FMAHealth's progress in achieving its goals.

Papers for the theme issue will be considered if they are submitted to the journal by July 1, 2018. All submissions should comply with the journal's Instructions for Authors and must be submitted into the journal's electronic manuscript management system. Further details regarding submission requirements, and types of articles sought, can be found at <https://journals.stfn.org/media/1367/fmahealth-call-for-papers.pdf>.