

# The Legacy of Leadership: Our Commitment to Future Generations of Family Medicine Leaders

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**T**he current national health care system has continued to pose challenges for family medicine and family medicine educators in its interminable choke hold and adherence to the fee-for-service model and tortoise-paced, incremental journey to adopt a value-based payment framework. Local health care organizations demand increased clinical productivity and less protected non-clinical faculty time for teaching, scholarship, and administration, which compounds physician/clinician administrative burdens and decreases overall satisfaction and well-being. During the most recent STFM Strategic Plan process, which laid out the vision, mission, and goals for the next 5 years, we clearly established the area of professional and leadership development as one of our top priorities. We seek to develop STFM members and our learners into solutions-focused, adaptable leaders within and across our health care systems.<sup>1</sup> We realize, with the ever-increasing demands on our members and our learners, the critical need to have family medicine leaders at the forefront of these discussions leading change. Family medicine as a discipline inherently appreciates the need for adaptability and creating solutions, even in the face of the “undifferentiated” problems within our health care system. It is what we do best clinically, but how do we translate and teach this type of adaptive leadership in an actual organizational and operational paradigm?

One of my favorite leadership adages I often share with my learners and mentees is “prepare yourself to step into opportunity.” More than 20 years ago as a young, fairly naïve, junior faculty, I knew I wanted to learn more about the art of teaching and grow as an educator, so with guidance from my own mentors, I pursued several faculty development opportunities to gain these skills. As I progressed, changed jobs, adapted to

new health care organizations and as a faculty and rising physician leader in my health system and residency program, I recognized I lacked the financial and business acumen to engage at a higher degree within the organization and provide impactful insights and change. I had limited experiences in health system change-management, health care policy and advocacy, leading teams, informatics, and population health science. I did not learn these skills directly during my residency or early career; however, building upon those clinical, educational, and team experiences, I proactively sought resources and opportunities throughout my career to grow and “step into opportunities,” hence, representing the “adaptable” leader.

Leadership development continues to be a passion for me that I wholeheartedly believe is crucial to provide for our learners and future generations of family medicine leaders at least beginning in medical school and throughout residency. Ideally, if I had my way, this would start even in middle school and high school, but I will focus this discourse on our sphere of medical education influence. As I reflect on my experiences as a prior program director who developed, taught, and collaborated on practice management curricula, a combined 4-year residency/MBA program, and chief resident leadership development programs, and now as a health system executive leader and designated institutional official (DIO), it is evident that residents and students want to learn these skills and develop these competencies through a didactic and experiential curriculum that is integrated and longitudinal. Residents are required to conduct quality improvement (QI) projects and

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work within interprofessional teams. As they engage in these QI activities, some residents obtain a peek into this health care administration window and express the need to have more health systems management knowledge, to be “at the table” with immersive educational experiences, and to acquire skills for success in health care finance, operations, QI, and administration. Leadership education in medicine must expand and incorporate a different pedagogical approach to minimally include leadership competencies in the areas of emotional intelligence, adaptive and collective leadership, transformational leadership, change management, health systems science, conflict resolution and negotiation, enhanced communication, leading teams, and strategic thinking and planning.<sup>2</sup> These pedagogical methods can incorporate didactic, theoretical learning, interactive discussion, self-reflection exercises, mentorship/coaching, experiential (direct placement in a leadership setting or role), and project-based deliverables to the larger health system.<sup>3</sup>

However we choose to accomplish our goal of preparing our learners and faculty to be engaged health systems leaders, we must start now. The legacy of leadership in family medicine within an embattled health care system is likely of greater importance now than ever. A generation of learners are looking to us as educators and leaders to light the path and equip them to be leaders and change agents, and are eagerly awaiting us to prepare them to step into opportunity.

### Lucy Li, MD

We have all probably experienced that one professor who, despite being brilliant in his or her field, is a dreadful teacher. I have always wondered why professors are not all required to take a class on pedagogy. In a similar vein, why is leadership not a core competency in residency? Beginning in residency, as a mere intern, you are tasked with leading those junior to you—in this case, medical students. As you rise in your training, your sphere of leadership influence grows to include more and more junior residents. There is no pomp and circumstance, just the natural march of medical training. However, despite the years poured into biology, pathology, and honing our clinical skills, the amount of formal training we receive in leadership development is surprisingly little.

As someone who is naturally quiet and reflective, I have worried whether my introversion is compatible with successful leadership. I am not usually the first to speak, and I do not always feel the need to speak. In fact, I quite often feel nervous about taking the lead and the responsibility leadership bears. Nevertheless, along this journey,

I have been gifted incredible mentors who took the time to get to know me, my universe of ideas and ambitious projects, and nudge me along in the right direction. They have been models of effective leadership and have pushed me to go after opportunities to lead, providing counsel along the way. Through their guidance and belief in my potential, I have sought formal training in leadership and taken on projects to influence change in our hospital. The time and effort my mentors have invested in me has been crucial to my development and confidence as a leader. However, not every resident comes away from residency with such mentorship and opportunities. With the demands of an already rigorous schedule, unless these opportunities come to you, you may never encounter them.

The experience I have had to train in leadership should be formalized for all residents, especially in family medicine. Family physicians are uniquely positioned to be leaders in both clinical practice and the communities we serve. Beyond the training we are receiving to sharpen our clinical acumen, we as residents need to be trained to lead because we will inevitably be called to lead. Current research on postgraduate leadership education shows that leadership capacity building is not widely incorporated in program design.<sup>2</sup> Research shows that the concept of family physicians as leaders resonates highly with family medicine residents and that residents desire more personal and system-level leadership training. Additionally, leaders of all residency programs should begin to incorporate formal leadership development into the curriculum and consider adding leadership as a core competency in our training.<sup>3,4</sup> You have selected us into your programs, and we have proven to you our leadership potential, now we ask you to help us become the leaders our patients and our hospitals need.

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