Physician as Leader IV: From Theory to Practice Regarding Five Core Competencies

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Having explored some of the general competencies that enable a physician to be successful in leading a healthcare organization, we are now ready to look in a more detailed manner at specific competencies that can be engaged when addressing specific healthcare organization needs and when serving in specific leadership roles. I will turn once again to the wisdom offered by Mindi McKenna and Perry Pugno (2006). However, as I noted in the previous essay on competencies in this series, I will also be introducing insights offered by Jeannine Sandstrom—the co-author of a model called Legacy Leadership. While the Leadership Spectrum model we introduced in the first set of essays regarding physician leadership concerned style, Legacy Leadership is primarily concerned with the competencies and attitudes being engaged by those who lead organizations.

In this essay, I bring together the work of Jeannine Sandstrom with that of McKenna and Pugno by focusing on the five best leadership practices identified by Sandstrom and showing how McKenna and Pugno, as well as Sandstrom, offer insights that can benefit the work done by physician leaders in mid-21st Century healthcare organizations. Before moving to a consideration of each leadership practice, I offer a brief overview of the Legacy Leadership Model that Dr. Sandstrom produced with her colleague, Dr. Lee Smith (Sandstrom and Smith,2017)

The Legacy Leadership™ Model

Sandstrom and Smith based their model of leadership on their work over many years with business leaders in all sectors of American society. Having observed the most common behaviors of successful leaders, they identified five Best Practices that set outstanding leaders apart from their peers. When they listened to the deepest issues that were on leaders' minds, they identified something they called "legacy". Their legacy program was developed as a map for ensuring excellence in leadership practices that would enable leaders to leave the legacy they intend.

Sandstrom and Smith proposed that leaders need a comprehensive and systemic model that meets their need for guidance regarding the work they do throughout their careers. Building on the assumption that leaders serve others first, then themselves. Sandstrom and Smith offered a vision of Legacy Leaders as holders of vision and values, creators of trust so that innovation and creativity can occur, influencers of inspiration and leadership, advocates for differences and community, and finally, calibrators of responsibility and accountability.

The Legacy Leadership model is based on solid theoretical suppositions—including the following:

- The relationships between the leader and others are based on openness and trust so there's fairness and equality in leading their subordinates.

- The approach is to create an environment in which people are motivated because they know they are capable and that the expectation in the work environment is to develop both success and satisfaction.
- Leaders learn to have a transformational influence in which their people are highly motivated.

The Legacy Leadership practices embrace both vision and accountability for results, as well as methods for creating an environment for team success, strong and dependable relationships and maximizing the talents of diverse perspectives and strengths.

Given this brief introduction to Legacy Leadership, we are now ready to explore each of the five best practices, relate each of these practices to insights offered by McKenna and Pugno, and trace out implications of both leadership models for the contemporary physician leader.

Best Practice 1 – Holder of Vision and Values™

This practice concerns the ability to keep vision and values clear, sustain focus and clarity, develop and execute strategy, establish the measurables, and gain commitment to action. Great leaders are conscious guardians of both personal and organizational vision and values. They become an integral part of the leader and guide all the leader does. Being a Holder implies understanding the necessity of never allowing vision and values to slip out of focus or priority. Merely having vision, or having values is not enough. They must be intentionally held.

Critical Success Skills: Core Competencies

A Legacy Leader embraces and practices ten critical success strategies which serve to shift entire organizational cultures to realize goals and doing so also provides a solid leadership model for tomorrow's leaders.

1. Consistently reinforce organizational vision and values.

2. Intentionally model guiding principles in everything, with everyone.

3. Personally integrate organization's vision in all responsibilities.

4. Have a well-defined strategic plan for accomplishing the vision.

5. Enable the team to translate organizational vision and align daily responsibilities with organizational goals.

6. Establish measurable milestones congruent with vision.

7. Ensure that organizational values are integrated into how the organization does business.

8. Clearly identify your personal values; "walk the talk" in everything.

9. Place importance on developing others.

10. Effectively communicate, sustain processes to achieve vision and values.

Attitudes of a Holder of Vision and Values

When we attempt to compile lists of the necessary attitudes and qualities of good leaders as they might pertain to this Legacy Practice, we would expect to see such core characteristics as visionary, a communicator, open and not guarded, a role model, and a person of integrity. These would head the list of many other attitudes that could be named here. However, this is not about just good, or great, leaders.

1. Others-Oriented

This person conducts him or herself in ways that benefit others first, not self. These leaders are aware of other people, their roles, their performance and their needs, and always seek to lift others before self. This leader is sensitive to development opportunities for others.

Legacy Leaders are aware of how their personal behavior affects other people and seek to either maximize the positive impact or minimize the negative.

2. A Guardian

This person always protects and champions what is important, such as vision and values, guarding them against erosion or loss, and seeking their incorporation into all behavior and processes.

3. Seamless

This person's life and behavior looks the same regardless of position, place or politics. Business conduct is the same as personal conduct. Public behavior is the same as private behavior.

Others cannot detect a change in behavior depending on situation or circumstances.

4. Values-Driven

This person does everything, in all places and positions, based on a personal and professional set of values. These values drive and shape all behavior. This leader is also constantly measuring behavior against values, making correction or changes as necessary.

5. A Whole Systems Thinker

This person has the ability to see life around him or her as a who le system with many parts. This is true in business and general life. These leaders are able to grasp the "big picture" but also understand the many parts that make up that picture. They see the inter-relationships among the parts and how all contribute to the whole.

McKenna and Pugno's Best Practice One Related Competencies

In joining together this Best Practice with several sets of competencies, perspectives and practices offered by McKenna and Pugno, I fully realize that the fit is not perfect. What Sandstrom has to say about Best Practice One moves beyond what McKenna and Pugno have to suggest in the following two leadership lists, just as McKenna and Pugno offer items on their lists that move outside of and beyond what Sandstrom has to offer.

I believe that this lack of a tidy overlap between these models of leadership challenges and helps to expand the offerings of both McKenna and Pugno, and Sandstrom. Even more importantly, the joint enterprise yields important, broadening insights regarding effective leadership in the contemporary health care system. This same caveat applies to the subsequent venture into the other four Sandstrom Best Practices and related McKenna and Pugno leadership competencies.

I consider two of McKenna and Pugno's set of competencies to be closely aligned with Best Practice One.

> *Vision* (McKenna and Pugno, 2006, p. 287)
>
> Maintain awareness and curiosity about unfamiliar fields, perspective, bodies of knowledge, and experience
>
> Notice trends, unmet needs or changes that signal potential opportunities or threats
>
> Collect information a from diverse sources
>
> Recognize and interpret implications of information and events
>
> Focus on future possibilities, identifying, and exploring previously unaddressed considerations
>
> Devise ways to achieve the interests of all involved.

> *Renewal* (McKenna and Pugno, 2006, p. 294)
>
> Break away from routine responsibilities to engage in activities that replenish energy and perspective
>
> Affirm and appreciate the intrinsically gratifying aspects of the work
>
> Let go of outdated, counterproductive attitude, beliefs, expectations, thoughts, and behaviors
>
> Re-commit to the values and vision by remembering how and why they were originally established or agreed upon
>
> Seek exposure to diverse and unfamiliar ideas, people, experience and approaches in order to learn and grow
>
> Re-design processes to adapt to changing realities and possibilities.

This match—and mismatch—exemplifies the benefit of relating McKenna and Pugno's list of competencies to Jeannine Sandstrom's LL list when addressing the matter of effective physician leadership. While both lists focus on values and affirmations of important perspectives and practices, the LL list tends to focus on the present day and present perspectives and practices, whereas McKenna and Pugno tend to emphasize how vision and values remain alive by continually expanding in time and space. McKenna and Pugno encourage a vision and set of values that are looking forward (e.g., noticing trends and letting go of outdated attitudes), as well as vision and values that expand outward (e.g., collecting data from diverse sources, seeking exposure to unfamiliar ideas).

We see this forward-leaning and focus on improvement in a statement made by Edward Bope, MD (Family Physician, Residency Program Director) (McKenna and Pugno, 2006, p. 156): "Leadership requires time, patience, confidence, and the belief that things can be better. With those commitments, a great deal can be accomplished?" It is also a vision that is centered on care and the reformation of healthcare to provide better care. As Peter Geerlofs, MD (Family Physician, Chief Medical Office, Allscripts Healthcare Solutions, Inc.) noted (McKenna and Pugno, 2006, p. 16):

> What makes physician leaders effective? Many of the same attributes that drive people to become physicians in the first place. Caring about the healthcare system and what happens to it, caring about and advocating for patience: an insider's knowledge of what is wrong with healthcare and what could work to transform it.

While Sandstrom also emphasizes the commitment to care-oriented values (concern for the other), she tends to emphasize consistency and integration of vision and values with current practices. She promotes the role of leader as guardian and the engagement of strategies that consistently reinforce organizational vision and values. Jeannine Sandstrom would probably agree with Tim Munzing, MD (Family Physician, Kaiser Permanente, Orange County). As one of McKenna and Pugno (2006, p. 161) physician leaders, Dr. Munzing advocated the following: "Keep your goals, vision and mission in mind when planning and evaluating opportunities."

McKenna and Pugno would probably also agree with Dr. Munzing since goals, vision and mission are kept in mind on behalf of looking into the future. While Dr. Sandstrom would agree with Drs. Munzing, McKenna and Pugno regarding the important role played by this first set of leadership competencies and attitude, she would be concerned about too great an emphasis on looking into the future to expand and updating the vision and value--potentially at the expense of consistent integration of existing vision and values with ongoing responsibilities and practices.

I agree with Sandstrom that effective leadership in a challenging healthcare environment filled with VUCA-Plus conditions requires a firm (consistent) commitment to an important set of values that align with a compelling vision. Consistency of mission is critical when faced with volatility, uncertainty, complexity, ambiguity, turbulence, and contradiction. However, I also agree with McKenna and Pugno. Effective mid-21st Century physician leadership in a VUCA-Plus environment also requires a consistent look forward and outward.

This broader perspective helps to guide inevitable adjustments to an organization's vision and values. For physician leaders, "just-in-time" learning is required if current engagements of perspectives and practices are aligned with fundamental values. There must be assurance that these engagements consistently advance a sustainable vision (Sandstrom: LL). However, this is not enough. "Just-in-time" learning must join with Otto Scharmer's (2009) "learning from [and into] the future" so that agile alignment is prevalent in all of the healthcare system's operations (McKenna and Pugno, 2006).

Best Practice 2 – Creator of Collaboration and Innovation™

This practice concerns the ability to be creative and foster trusting environments, to masterfully listen and facilitate, acknowledge the unknown and think beyond what is, gather perspectives and ask tough questions and discern the need for change and project the innovative impact. Collaboration and

Innovation don't happen by themselves. They must be encouraged, nurtured, with opportunities created by leaders. This is not about being creative. It is about being a creator, one who instinctively creates opportunities where collaboration and innovation can flourish. A creator actually causes something to come into being, in this case, collaboration and innovation, sometimes through inventive means.

Critical Success Strategies: Core Competencies

To create collaboration within an organization, the Legacy Leader ensures high levels of trust, develops processes for building and capturing collaboration, and encourages a team spirit. Creating innovation relies first on the collaborative process, then on a creative environment that challenges new thought, without boundaries.

1. Create innovative and sound possibilities for the organization.

2. Foster a learning, trusting environment for true collaboration and innovation.

3. Masterfully listen for both what is said and not said.

4. Be comfortable not knowing "the answers" and learn from individual perspectives.

5. Draw out differing perspectives and believe disagreement is a learning opportunity.

6. Ask timely, tough questions while keeping in mind the big picture.

7. Set the tone for thinking beyond the present in order to innovate for the future.

8. Project how ideas will play out in the organization and in the marketplace.

9. Discern, and assist others to understand, when change needs to happen and when not.

10. Masterfully facilitate conversations so everyone contributes best thinking toward task/goal.

Attitudes of a Creator of Collaboration and Innovation

There are many attitudes and core characteristics necessary for all good leaders. For this Legacy Practice, those might include trustworthy, affirming, sharing, creative, observant, and collaborative. To achieve greatness, however, a Legacy Leader takes core attitudes to a higher level-more focused, purposeful and conscious, until they are integrated into who this leader is, every day in every place.

1. A Trust Builder

This person always seeks to build trust in relationships. It is an automatic inclination which is composed of and driven by both trustworthiness and a trusting nature. These people have a mindset of connectiveness and know that trust is built in order to connect firmly with others.

2. An Intuitive Listener

Listening is a core quality for this person, but it is also accompanied with an intuitive and discerning ear. This person desires to hear others, and consciously listens both to what is said, and what is not said. This person can gather an amazing amount of information by listening well and often.

3. Possibility-Minded

This person has developed an automatic reflex which allows them to see possibilities and opportunities, even when others may not.

He or she is open-minded and is able do mental feasibility exercises in almost any situation. This person is approachable, open to innovative thinking, and can thoroughly consider potential favorable possibilities in almost any situation.

4. Charge-Neutral

This is a term used in training coaches to be unbiased, non-judgmental and non-positional with clients. A person who is charge-neutral has a neutral starting point for all ideas, people and things. This person does not pre-judge anything or anyone and is open to receive all information (uncensored) before making decisions or judgments.

5. Mentally Agile

This characteristic is not necessarily a function of intelligence, but the ability to think quickly, remain flexible, shift gears as necessary and allow the ebb and flow of ideas to chart courses. This person has the ability to weigh ideas and actions quickly yet is still able to discern wisely. He or she is also able to track details, and to see both the forest and the trees.

McKenna and Pugno's Best Practice Two Related Competencies

I find that two of McKenna and Pugno's lists of competencies are directly relevant (and expand on) the second Best Practice. These competencies are critical to effective physician leadership. They concern commitment and cohesion.

> *Commitment* (McKenna and Pugno, xx, p. 289)
>
> Invite others to participate in tasks, fueling their enthusiasm by appealing to their values and interests
>
> Welcome newcomers, providing needed information and opportunities for interaction
>
> Explicitly describe how attainment of collective goals will enable attainment of individual goals
>
> Demonstrate confidence in others by sharing decision-making authority
>
> Persevere in commitment to the goals despite distractions, resource constraints and other obstacles that may arise
>
> Show interest in the hopes, concerns, values, interests, and needs of others
>
> Celebrate individual and collective successes with tangible rewards and other forms of recognition
>
> Refrain from expressing personal views until others have had opportunity to contribute their perspectives

Cohesion (McKenna and Pugno, 2006, p. 290)

Disagree without being disagreeable, by expressing contrary views without criticizing other individuals.

Share resources and help others succeed

Thank others and acknowledge their contributions

Align tasks in accordance with individuals' unique interests and diverse abilities

Identify common ground and shared values among individuals

Arbitrate disputes and resolve issues by facilitating agreements that benefit all involved

Discourage non-cooperation and unhealthy competition by confronting it directly when it occurs

Request advice, suggestions, and help

Put others at ease by offering reassurance, guidance, and appreciation for their involvement.

As in the case of Best Practice One, important elements added by McKenna and Pugno to Sandstrom's Best Practice Two, when combining the insights offered by Jeannine Sandstrom (LL) with those of McKenna and Pugno. Their list regarding commitment includes an element of divergence (inviting people to join in the creative process: e.g., welcoming newcomers, sharing decision-making authority).

One of McKenna and Pugno's (2006, p. 11) often-cited physician leaders offers insights regarding the Hundredth Monkey Phenomenon. Peter Geerlofs, MD (Chief Medical Office, Allscripts Healthcare Solutions, Inc.) offers a summary description of this phenomenon, relates it to the value of divergent thinking and provides an optimistic, forward-leaning vision of the near future:

> The story [Hundredth Monkey] describes several monkeys on a remote Japanese island who learn to wash the gritty dirt off sweet potatoes. Slow, other monkeys adopt the behavior. After about 100 monkeys have learned it, the behavior spreads like wild fire among the remaining monkeys on the island. Remarkably, at roughly the same time, monkeys on distant islands with no possible communication began showing the same behavior. I believe the Hundredth Monkey Phenomenon will soon happened in healthcare delivery. The notion of a new kind of 'physician leader' transforming the way care is delivered is an idea whose time has come.

McKenna and Pugno's list also contains an element of convergence (persevering in working toward a specific goal: e.g., explicitly describing how to attain goal, persevering in commitment). Studies of creativity (e.g. Cortes, 2019) often include both elements: we must think outside the box—but keep the box in mind when doing this thinking. The commitment list provided by McKenna and Pugno suggests that when we add collaboration to innovation then we produce commitment.

It doesn't work for new ideas to always be produced in a healthcare organization (or any organization) by a sole inventor. The idea may be implemented if this sole inventor has power (as head of the organization or as someone with strong relational power), but it is unlikely to last long or to be wholeheartedly

implemented by those who were witnesses to the creative process but not a partner in this process. The competencies identified by McKenna and Pugno provide guidance regarding ways to build commitment.

There is an additional factor that McKenna and Pugno bring to the consideration of innovation and collaboration. This factor is cohesion. This list is heavily saturated with appreciation (Cooperrider and Whitney, 2005; Bergquist, 2003; Bergquist and Mura, 2011) We build cohesion by acknowledging the valuable contributions made by other people (e.g. thank others and acknowledge their contributions) and by building on a foundation of widely shared values (e.g. identify common ground and shared values).

It is important to keep in mind that creativity is not always engaged in a comfortable or comforting manner. One of McKenna and Pugno (2006, p. 155) physician leaders put it this way: "some doctors think they're the smartest person in the world. Good leaders realize they're not smart enough to know everything. They seek insight from others." This physician (Monte Anderson, MD, Gastroenterologist and Hepatologist, May Clinical Scottsdale) comes from a highly prestigious healthcare system, so it is probably easy to find knowledgeable colleagues with whom to collaborate.

The challenge is to discover and appreciate the strengths (knowledge, skills, diverse perspectives) to be found among medical colleagues in a less prestigious and often resource-thin setting. Mark Belfer, DO, FAAFP (Family Physician, Residency Director, Akron General Medical Center/NEOUCOM), who is another of McKenna and Pugno's (2006, p. 180) physician leaders, offers a very positive (even poetic) perspective regarding the "glowing" impact of this appreciative perspective:

> Leadership involves surrounding yourself with individuals smarter than you and after observing them, putting them into positions where their talents will shine . . . when they all shine together, the whole organization will take on a tremendous glow.

There is one other cautionary note to be made regarding collaboration and innovation. When members of an organization are being "creative" they are often suggesting that changes must be made regarding ways in which their organization is structured or operated. Creativity "stirs the pot" and often produces fractures in the organization. Some support the new, creative idea, and some will oppose it. Given this potential for schisms in an organization, the emphasis placed by McKenna and Pugno on cohesion is critical if an organization is to successfully innovate.

For instance, those resistant to the change might be given a seat (and voice) at the table, for they offer important cautionary insights. Furthermore, these "recalcitrant" members of the organization are often those who offered innovative ideas and championed change at an earlier point in their career. Their own efforts failed, and they now face the troubling prospect of someone else now succeeding. They can be "won over" if the insights they gained from their earlier failure can be incorporated in the strategies used to successfully engage the new perspective, practice, or program (Weitz and Bergquist, 2024).

Best Practice 3 – Influencer of Inspiration and Leadership™

This practice concerns the ability to build positive, meaningful relationships with energy, place leadership emphasis on people for positive outcomes, recognize, acknowledge and inspire others, enable others to lead through positive modeling, and to be humble with a fierce resolve for each person's success. A Legacy Leader understands that we cannot NOT influence, and therefore becomes an intentional influencer. It is

about having a consciousness that all that we do influences, even when we aren't aware of it. In all we do, we will either influence in a positive or negative way.

Critical Success Strategies: Core Competencies

Legacy Leaders are trailblazers, forging the path to great leadership with positive influence so that everyone is lifted up to be the best he or she can be. People are invited, not commanded, to contribute from their strengths and are filled with energy to deliver high-quality outcomes. This leader is self-inspired and knows what inspires others. Influencing inspiration requires including the heart in all processes, connecting personally with others, and valuing them individually and corporately.

1. Be very adept at developing and maintaining relationships.

2. Use emotional intelligence and positive energy to influence others.

3. Choose to model the positive perspective in all situations.

4. Bring out the best in people.

5. Constantly acknowledge and recognize the attributes and contributions of others.

6. Intentionally delegate for the development of others.

7. Lead with a constant focus on showcasing others, not self.

8. Have the ability and courage to take risks and inspire others to follow.

9. Be able to make tough decisions with minimal negative impact.

10. Lead with humility and unwavering resolve to accomplish the goals of the organization through others.

Attitudes of an Influencer of Inspiration and Leadership

Among the long list of qualities and attitudes of a great leader in this Legacy Practice we would expect to find such things as humble, inspirational, others- centered, passionate, and an opportunity seeker (for others), to name just a few. However, we have already stated that Legacy Leaders have a solid platform of attitudes that set them apart from all other leaders. This leader intentionally influences others through a set of both natural and highly refined basic attitudes.

1. Relationship-Driven

This person is not just relational, but relationship driven. This person realizes that everything in life, including business, is driven by relationships and he or she is therefore driven to build and maintain relationships. These people don't just "get along" with people, they must connect with them to thrive.

2. Impact-Aware

This person has developed a discernment that allows them to be consciously aware of surroundings, including his or her own impact on situations and other people. These people understand the value and the responsibility of their impact on other people, and as such are intentional about their influence. They know well the concepts of cause and effect, actions and reactions, and behavior and consequences.

3. Self-Inspired

This person does not need others to inspire self. These people are able to draw personal inspiration from a variety of sources. In this regard they are not externally driven, but self-driven. They are fully aware of what inspires them and are able to seek that inspiration on their own. They are authentic, confident and aware of personal values.

4. A Mentor

This person may or may not have an official role or title as mentor, but they have an inborn attitude of coming along side others in order to build them and encourage them (mentor minded).

He or she constantly seeks ways to improve others, to develop them, advance them and showcase them. These people have a self-awareness that their own development and experiences may be of benefit to others, and desire to share learning to move others forward.

5. Positive

This person thinks and behaves in positive ways. He or she has an underlying positive viewpoint and is always searching for (mindful of) the positive avenues and attitudes in any situation. This attitude does not mean this person is not realistic. They are able to think realistically, yet with a positive end point (outcome) in mind.

McKenna and Pugno's Best Practice Three Related Competencies

Two of McKenna and Pugno's lists enhance the capacity of a physician leader to be influential. They are the active pursuit of competence and the capacity to be resilient (in the midst of VUCA-Plus conditions).

> *Competence* (McKenna and Pugno, 2006, p. 285)
>
> Keep up with ongoing developments in the field through reading, discussions with colleagues, continuing medical education, and other activities that support lifelong learning
>
> Involvement in medical specialty societies and professional associations - for continued growth and for contribution to others' development
>
> Advocate through comments and behavior a strong, unwavering commitment to excellence
>
> Contribute to the field through the conduct, application, and dissemination of new learning
>
> Translate new learning into practical guidance for application by novice and emerging leaders
>
> Practice new behaviors, attitudes, and skills with focused attention toward increasing mastery
>
> Recognition by experts as having significantly impacted the field by affecting positive change in others' behavior

> *Resilience* (Mckenna and Pugno,2006, p. 293)
>
> Recognize that it is not possible to know, do or review everything and so establish criteria and processes for filtering inputs in support of intended results

> Set and convey boundaries regarding non- negotiable commitments of time, energy, or attention
>
> Maintain commitment to agreed upon values and priorities in alignment with the vision and goals
>
> Conserve energy and resources by focusing attention and action toward key priorities, surrendering control of non-essentials
>
> Resist the temptation to apply resources, energy, or attention to tasks or opportunities that do not support the vision and goals

I begin with insights offered by McKenna and Pugno about Influence. They focus first on the display by physician leaders of professional competence. In this instance, effective health care leadership is based on credibility as knowledgeable and up to date (keeping up with ongoing development, contributing to the field, recognition by experts). This may mean that the physician leader continues to offer medical care (at least part-time) in their area of expertise. They might conduct research, publish, and/or provide training/education.

McKenna and Pugno also acknowledge that it is quite a challenge in a VUCA-Plus environment to remain conversant with what is happening in their field (not possible to know, do, or review everything)—especially given other demands on their time. It is in this management of time and priorities that one finds the resilience identified by McKenna and Pugno. Priorities are "non-negotiable", energy is to be conserved, and establishment commitments are to be honored—despite the prevalence of VUCA-Plus in mid-21st Century health care system.

While I have found McKenna and Pugno usually to be the source of an expanded notion of a specific best practice, in this instance, it is the other way around. I find that Jeannine Sandstrom's legacy leadership model adds richness to what McKenna and Pugno have presented. Legacy Leadership focuses on emotional intelligence and establishing high-quality relationships that enable a leader to be influential and inspirational.

It is through relationships that we exhibit our competence as leaders. We inspire other people because they relate to us in a positive manner. They acknowledge our well-meaning intentions as well as our expertise (knowledge and experience). We are most likely to be influential when interacting with other people in a trusting network of social relationships. Many studies have shown that the amount of influence one has is more likely to be attributed to relationships than it is to the amount of expertise regarding the issue being addressed (Bergquist and Lindquist,2013)

To be influential as a physician leader, we must also focus on the bigger picture rather than care for a specific patient. Deborah McPherson, MD, FAAFP (Family physician, Associate Director, Family Residency Program, University of Kansas School of Medicine) suggests that this transition to the bigger picture is challenging. McKenna and Pugno (2006, p. 32) quote Dr. McPherson:

> Physicians focus on serving the immediate interests of the individual patient often in the context of a specific encounter. Leaders focus on serving the long-term interests of the collective. That duality can be disorienting. The unlearning it requires is often difficult, even painful. And yet, the

> duality has its advantages as well. When frustrated by the challenges associated with either of those roles, physician leaders can find re-invigoration and renewal by focusing on the other.

While the capacity to shift roles can be beneficial, it also can be disorienting, as Dr. McPherson notes. Resilience is required—which is one of the two competency clusters identified by McKenna and Pugno. This being the case, we have to ask how physician leaders gain this capacity to be resilient. Dr. Sandstrom enters at this point. She focuses on relationships, noting that we must "constantly acknowledge and recognize the attributes and contributions of others."

I propose that we are resilient in the midst of and because of relationships. We are resilient in large part because of the support we receive from other people with whom we are relating. Social networks provide us with options when we feel stuck. They provide us with a variety of helpful resources and members of the network assist us in a variety of ways—ranging from being a constant source of reassurance and appreciation to being a constructive critic (Bergquist and Mura, 2011). At an even deeper level, we can point to relationships as a primary source of our sense of self (Sullivan, 1953) and even as a primary source for our perception of reality (Brothers, 2001).

We can also point to our appreciative ability to sense another person's distinctive perspectives and practices as the primary source of influence. Psychologists describe this as acquiring a "theory of mind" (Premack and Woodruff, 1978) regarding how other people are different from us. As quoted by McKenna and Pugno (2006, p. 176), Penny Tenzer, MD (Vice-Chair, Department of Family Medicine Residency Program, University of Miami School of Medicine) points to the critical role played by a "theory of mind" in the engagement of physician in productive relationships with their workplace colleagues:

> A leader will share what they have learned. For it is in sharing knowledge that we can gain from the points of view and insights of others and thereby see the world through different eyes per se, as well as exponentially expand our knowledge bases. A leader realizes that it is through others that true leadership thrives and survives.

A set of unique resilience-enhancing points of view are available to us when we have gained this appreciation of differences. This means we can be resilient by shifting our sense of self and our perspectives on reality through our interactions with other people. We can be resilient because we understand where other people "are coming from"—and thus we know how they can be of greater support to us as we deal with shifting VUCA-Plus conditions. Given the multiple selves that we carry with us (Gergen, 2000)—especially as physician leaders in a swirling healthcare system—it is essential that we find relational support to match this multi-self challenge.

I wish to take this analysis one step further. A "rational/empirical" perspective regarding influence relies on the power of numbers. We influence policies and behavior by providing tangible evidence regarding the effectiveness of a specific intervention. However, we know that numbers do not always change people's minds. Evidence does not always "win the day." Persuasive narratives will often have a greater impact (Bergquist and Weitz, 2024). A compelling story based on a specific case study will frequently tip the scales toward some policy.

A specific traumatizing experience will often do a better job of changing behavior than is the case with research findings. An even greater impact is likely to occur when the narrative is shared. We are most

likely to gain support for an idea when we have established strong, trusting relationships. This is especially the case if this idea is embedded in a shared life experience. I offer the following vignette of two elderly men meeting together. Here is a statement made by one of these gentlemen:

> Remember when you and I were wondering about the use of that specific medication? Well, I decided to ask my doctor about its effectiveness. She said that we don't yet know much about its effectiveness, but we do know that it can do no harm if taken in moderation. So, I decided to give it a try and I helped me with my arthritis. Maybe you should try it out too. Why don't you check with your doctor?

The chance of this gentleman's friend checking with his own doctor is undoubtedly much greater than is the chance he will check with his doctor based on a scientific report published in a prestigious medical journal or that he will be persuaded by an ad in the magazine he often picks up that focuses on aging.

In sum, I would suggest that McKenna and Pugno's list of competencies associated with Influence (based on the display of knowledgeable competencies and capacity to be adaptive and resilient) is complemented by Sandstrom's emphasis on competencies related to emotional intelligence and relationship-based expertise.

Best Practice 4 – Advocator of Differences and Community™

This practice concerns the ability to be an advocate for people and raise their visibility, recognize strengths and build value, build diverse teams, promote an inclusive environment, and recognize impact of business direction and communicate appropriately. An advocator is one who stands firm in support. It is about being someone who is courageous enough to take a stand and stay standing. It means having a well-defined sense of right, and the internal strength to defend it.

Critical Success Strategies: Core Competencies

Legacy Leaders acknowledge the importance and benefit of differences and have an openness to diverse perspectives. They work hard to remove labels and prejudices, overcome comfort zones, and eliminate "rubber stamp" and "cookie cutter" mentality. Becoming a successful advocator of differences and community requires a keen desire to know others as people, not mere resources, and an understanding that when one grows and succeeds, all do.

1. Be able to take a stand for a person, practice or cause.

2. Constantly raise visibility of individuals by mentoring and developing them.

3. Advocate for a strengths-based culture.

4. Be a connoisseur of talent, recognizing, valuing and utilizing the best each person has to offer.

5. Insist on building teams with diverse approaches and capabilities.

6. Look for and create cross-functional opportunities to develop unique talent.

7. Promote inter-departmental collaboration, rather than "silo " orientation.

8. Consider impact of actions on greater community (beyond organization).

9. Maintain ongoing dialogue/involvement with internal/ external communities.

10. Promote inclusive environment to unite toward common focus.

Attitudes of an Advocator of Differences and Community

Great leaders who successfully apply this Legacy Practice will have a number of attitudes, traits and characteristics which allow them to fully advocate for differences and community. Such things as partnership-oriented, non-territorial, sharing, enabler, and promoter could be added. These attitudes are all necessary.

1. A Champion

This person is a ready advocate for individuals or causes. They are natural encouragers, supporters, defenders and upholders. These leaders are others-centered, always seeking opportunities to champion people and issues worthy of support.

These people, however, are careful and thoughtful in this support, taking a stand only after discerning whether or not people or issues align with their values.

2. Inclusive/A Uniter

This person has a natural or practiced ability to unite people in teams, for causes, to achieve results and to develop community. This inclusiveness always seeks unique features and strengths to add to the overall vigor of the community and has the ability to recognize value in diversity where others may not.

3. Community-Minded

This person is able to identify common denominators and uniting factors in groups. They use these commonalities to build teams of people with shared goals. These leaders understand that the greatest accomplishments are the result of working together as a whole, where every individual is valued and recognized.

4. Discerning

This person has either an inherent or cultivated ability to make solid decisions and judgments based on sound consideration of all information available. He or she is able to distinguish between close and seemingly similar things for the betterment of self and others.

These leaders are able to determine and recognize individual gifts, strengths and unique features. This ability allows them to build strong diverse teams.

5. Expectant (Sense of Expectancy)

This person is always expecting results, anticipating goals to be met and people to work together to achieve common objectives. This expectancy is modeled to others who then sense, understand and therefore work toward stated goals, often with a renewed focus or urgency.

These leaders have a clear sense of vision, strategies and ultimate purpose for being in community, on which their expectancy is based.

McKenna and Pugno's Best Practice Four Related Competencies

When we turn to the lists offered by McKenna and Pugno that relate to advocacy, we find a focus on character and communication:

> *Character* (McKenna and Pugno, 2006, p. 286)
>
> Behave honestly and ethically regardless of personal cost
>
> Express genuine concern for others' well being
>
> Admit mistakes and apologize as appropriate
>
> Accept responsibility for decisions and actions and for their consequences
>
> Persist despite obstacles and setbacks
>
> Maintain optimism and a sense of humor
>
> Avoid conflicts of interest or compromises that result from competing obligations
>
> Exhibit dependability, fairness, generosity, confidence, humility, patience, and wisdom

> *Communication* (McKenna and Pugno, 2006, p. 288)
>
> Listen attentively, noticing what others convey through what they say and what they do not say.
>
> Ask questions to explore, clarify, confirm or refute current understanding.
>
> Propose ideas and suggest new approaches.
>
> Instruct others with clear and comprehensive explanations
>
> Express beliefs and opinions directly.
>
> Persuade others through compelling, convincing messages, focusing not on the mere transfer of information but on actual transformation.
>
> Encourage discussion and debate, even when disagreements ae, in order to increase understanding and involvement.
>
> Use appropriate means and media to communicate with optimal frequency, reach, impact, and cost-effectiveness.
>
> Inform others of news in a timely, accurate and appropriate manner, even when the news may be unfavorably received.

In bringing together the insights of McKenna and Pugno with those of Sandstrom (LL), I find that a particularly strong foundation is being built when you bring together these two sets of perspectives

concerning advocacy. Sandstrom has brought in an appropriate advocacy-focused list of roles and competencies that includes serving as a champion (advocating for individuals or causes), uniter, and community-minded leader. Competencies include being a connoisseur of talent, building teams with diverse approaches and capabilities, and promoting inter-departmental collaboration.

An additional competency is identified by one of McKenna and Pugno's (2006, p. 117) physician leaders. William Jessee, MD, FACMPE (Pediatric, Preventative and Emergency Medicine Physician, President, Medical Group Management Association) identifies the knowledge base that physician leaders must acquire if they are to be effective advocates:

> To be a persuasive advocate for any cause or constituency, physicians must not only be articulate and insightful, we must do our homework and have a thorough knowledge of the issues at hand. This is vital. Otherwise, we will be discounted, or worse, discredited. Our country needs evidence-based health policy, evidence-based medicine, and evidence-based management of health services delivery. Physicians are ideally positioned and equipped to gather and share the evidence—if we're willing to invest the time and effort required.

McKenna and Pugno have added their own insights regarding differences and community. They brought in what my colleague, Marybeth O'Neill (2007), calls the "backbone and heart". More than has been the case with the previous three leadership practices, this fourth practice seems to require a large amount of character (backbone) (e.g. behave honestly, persist despite obstacles and setbacks) along with a cluster of competencies (head) that Jeannine Sandstrom has identified.

We can expand this list. We find that relationships should once again be brought into our analysis of effective physician leadership—though this time it is brought in by McKenna and Pugno (rather than Jeannine Sandstrom). They provide a detailed list of the relationship-based competencies (e.g., listen attentively, ask questions, encourage discussion and debate) that are required if a physician leader is to be effective as an advocate. One of their physician leaders who is often quoted puts it this way: "To be an effective leader requires skills in listening, speaking, and writing. Physician leaders need to be good communicators as well as idea people." (Peter Geerlofs, MD, Family Physician, Chief Medical Officer, Allscripts Healthcare Solutions, Inc.) (McKenna and Pugno,2006, p. 154)

I propose that these communication skills are particularly important when advocating for Sandstrom's "differences and community." I would push even further than McKenna and Pugno, suggesting that for effective relationships to be established under conditions of advocacy one must not only be a good communicator but must also know how to manage conflicts—for disagreements and resistance are inevitable when one is promoting differences and community (Bergquist, 2003).

Best Practice 5 – Calibrator of Responsibility and Accountability™

This practice concerns the ability to execute strategies well with implemented action plans, have vigilant awareness of progress towards goals, require peak performance with support and buy-in from all, have clear consistent accountabilities and follow through, and be aware of trends, adapt to change and recalibrate as necessary. A calibrator is one who is clear about standards, vision, values, and what is right both personally and organizationally, and measures all behavior against them.

Critical Success Strategies: Core Competencies

A calibrator consistently compares results against vision and values, and to established milestones and road maps. He or she provides a good and consistent example of accomplishing tasks and meeting shared goals, seeks to determine if actions measure up to standards and levels of excellence, and shows where learning is needed and when new behaviors should be developed.

1. Execute the organization's strategic plan and use appropriate checks and balances to reach the goals.

2. Have your "finger on the pulse" of the organization and know your milestone status.

3. Be sure individuals on your team are clear about position responsibilities and how they fit into the organization's direction and deliverables.

4. Require peak performance and support everyone with appropriate resources.

5. Provide regular feedback and coaching and take action when performance does not meet stated expectations.

6. Have clearly defined accountabilities for yourself and for your organization.

7. Have a clearly developed action plan with benchmarks and milestones, and provisions for making adjustments along the way.

8. Model a sense of urgency both in getting things done and responding to change.

9. Be alert to trends that potentially affect results and recalibrate action plans where necessary.

10. Gain commitment from everyone in your area of responsibility and have established accountabilities with appropriate consequences and rewards.

Attitudes of a Calibrator Regarding Responsibility and Accountability

We would expect the core being, the essence of a Calibrator of Responsibility and Accountability, to include such BE-attitudes as responsible, consistent, accountable, vision-grounded, and a problem solver to begin the list. A Legacy Leader's attitudes and aptitudes begin with a foundational core that all other attitudes and qualities will build upon or derive from. These core essentials are what allow the great leader to build leadership legacy and apply learning to become true Calibrators of Responsibility and Accountability.

1. Results-Oriented

This person has a definite clarity of purpose and uses this clarity to drive behavior and performance to achieve results. These leaders have complete understanding of why they and others do anything, and always align their actions toward accomplishing goals and meeting vision. They never take their eye off desired results. There is very little to no "wasted motion" for these people. They tend to take advantage of every opportunity to produce results.

2. An Analyst

This person has the ability to analyze, diagnose and evaluate information, situations, issues or the environment around them. This is generally an inherent trait. However, it can be developed with focused practice. These people are usually able to "take in" details and information automatically in a way that allows them to constantly be aware of the real picture, wherever they are, whatever they are doing. They notice things that others may miss, and generally use the information to maintain a truthful picture of situations and conditions.

3. Vigilant/Committed

This person is constantly attentive and observant and able to "size up " things quickly. These people tend to be watchful at all times. This aptitude goes hand in hand with the one above, the ability to analyze. As the vigilant person takes in data, that data is analyzed automatically to yield accurate feedback on any situation at any time. Vigilant leaders are also committed to their vision and stated goals, and to their vigilance in keeping them.

4. Aware/Alert

This person has either an inherent or practiced awareness of the world around them. These leaders are able, at any given time, to provide an accurate and truthful portrait of their environments. They are not only aware of details and whole pictures but are also alert to potential changes.

They generally have internal "markers" set as guidelines for analysis and comparison. Again, this attitude is a refinement of the ones above. An analyst must be able to take the information in, be alert, aware and vigilant in this data gathering process, in order to accurately diagnose and evaluate.

5. Answerable

This person innately understands and practices responsibility and accountability. They hold themselves answerable to others to perform, and then liable to account for that performance. These leaders have complete awareness of the concept of action and reaction, behavior and consequences. They are guided by internal values and will model behavior that influences others to do the same. These people have no understanding of "ducking blame," don 't engage in cover up s, and are completely open to scrutiny.

McKenna and Pugno's Best Practice Five Related Competencies

I have included three of McKenna and Pugno's lists of competencies when considering ways in which to meet the unique challenge of bringing along differences and community when moving from contemplation to action.

> *Commitment* (McKenna and Pugno, 2006, p. 289)
>
> Invite others to participate in tasks, fueling their enthusiasm by appealing to their values and interests
>
> Welcome newcomers, providing needed information and opportunities for interaction
>
> Explicitly describe how attainment of collective goals will enable attainment of individual goals

Demonstrate confidence in others by sharing decision-making authority

Persevere in commitment to the goals despite distractions, resource constraints and other obstacles that may arise

Show interest in the hopes, concerns, values, interests, and needs of others

Celebrate individual and collective successes with tangible rewards and other forms of recognition

Refrain from expressing personal views until others have had opportunity to contribute their perspectives

Decision-Making (McKenna and Pugno, 2006, p. 291)

Establish criteria by which priorities will be determined and options will be evaluated

Establish processes for implementing decisions that enable ways of monitoring their effectiveness and adapting as appropriate

Set specific, measurable, actionable, realistic, time-delineated goals

Generate and investigate options with consideration for their likely impact on all involved

Analyze and synthesize information, maintaining a willingness to alter views or processes if appropriate

Review and discuss mistakes or mishaps in order to learn from them

Involve others in decision making by soliciting their ideas, inviting their reactions, and informing them of new developments

Recognize the futility of trying to keep up with all available information; instead, establish a system for filtering inputs according to the results sought

Action-Taking (McKenna and Pugno, 2006, p. 292)

Allocate resources in accordance with agreed upon values and priorities

Achieve goals within time and resource constraints

Encourage development of new skills by allowing opportunities to practice under the guidance of someone with more experience or expertise

Confront wrongdoing despite personal repercussions that may result

Resolve conflicts by identifying common ground and negotiating mutually beneficial agreements

Empower others to achieve results by addressing obstacles and providing necessary resources

Explore and test new approaches to tackle occasional and ongoing challenges

Establish coalitions of support, forums and processes to achieve the goals

Represent the interests of others, by advocating on their behalf

It is in this fifth and final set of insights provided by both Sandstrom, coupled with those offered by McKenna and Pugno, that we find leadership in action. It is here where "the rubber hits the road." It is one thing to promote differences of perspectives and practices, while also extolling the value of community. It is quite another thing to deploy these differences when taking action and to sustain community while confronting the swirling world of VUCA-Plus.

On behalf of this major leadership task, Sandstrom provides the tools of responsibility and accountability, while McKenna and Pugno provides a detailed list regarding the setting of a stage for action ("commitment') (e.g. inviting others to participate, explicitly describing how attainment of both collective and personal goals can be achieved. They also provide a list of competencies needed to make decisions (e.g. establish criteria for determining priorities, establish processes for implementing and monitoring decisions). I would rearrange and expand their list of decision-making competencies by noting that problem-solving is often required before a decision can be made. Some of McKenna and Pugno's competencies on this list (e.g. analyzing information, generating and investigating options) relate to the process of solving a problem.

More broadly, I would suggest that effective leadership-in-action moves beyond the competencies of communication and the management of conflict that were identified regarding the fourth set of leadership competencies. We find the need for effective problem-solving and decision-making skills if actions are to be taken that promote differences and foster community. Elsewhere (Bergquist, 2003), I have proposed that empowerment should be the focus of any attempt to promote differences and community. The empowerment pyramid, in turn, is comprised of these four components of effective relationships: communication, conflict-management, problem-solving and decision-making.

McKenna and Pugno add to my empowerment pyramid by including a list of competencies related to taking action. They rightfully introduce competencies related to the management of conflict (e.g. resolve conflicts by identifying common ground, explore and test new approaches to tackle occasional and ongoing challenges). It is important to acknowledge that empowerment is a recursive process. Issues regarding conflict (and communication) re-emerge when action is finally being taken. There is often also a return to the stage of problem-solving—for we often learn much more about a problem when we have actually tried to solve it.

A recursive process is particularly predictable when leadership is addressed to the very challenging goals articulated by Sandstrom with regard to promoting and enhancing differences while also sustaining a sense of community. This challenge is particularly strong and prevalent in contemporary healthcare systems. While most of these systems were relatively homogeneous during the 20th Century with their broad-based support for traditional allopathic medicine, there is not an appropriate diversification of viewpoints regarding the validity of alternative modes of prevention and treatment.

There are also now much more diverse populations to be served and newly emerging perspectives and practices to be incorporated. VUCA-Plus conditions produce a demand for this diversity—thus requiring that physician leaders be skillful in their engagement with this diversity and with the requirement that the health care community they serve be preserved--and hopefully be more fully enhanced by the introduction of new perspectives, practices, and participants.

Conclusions

One fundamental theme seems to pervade this analysis of effective physician leadership. This theme concerns the skills, knowledge, and aptitude needed to build and work in relationships—and ultimately in teams. As Jeannine Sandstrom notes, effective leaders serve others first, then themselves. They do this by building a relationship of trust with all members of the healthcare community in which they are working and by skillfully facilitating the collective work of these members. Apparently, leadership in health care (and most other sectors of mid-21st Century society) is a Team Sport rather than a solo venture.

This adjustment to collective thought and action is not easy for many physicians. They were often attracted to medicine precisely because it would provide them with considerable autonomy. Whether engaged in life-saving surgery or the more mundane treatment of a bruised knee or influenza, the doctor was in charge and deserved the respect of all patients and other members of the medical community. Now, as a leader, the physician is encouraged to listen to the advice offered by other members (including non-physicians), find ways to compromise, identify strategies for building broad-based coalitions of shared belief and interest, and help to "herd the cats." Quite a transition—perhaps even a transformation!

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