

Title: How to become a leader as a fellow

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Leadership skills are vital for gastroenterology (GI) fellows to cultivate in order to adapt to advancing practice environments and promote lifelong personal and professional development. While leadership is a key component of the physician's role, leadership skills are not always formally taught. Fellows in gastroenterology should recognize opportunities to build these skills. Through this paper, we aim first to argue that all doctors are leaders. We then will describe ways that fellows can develop self-leadership. Finally, we highlight pathways for trainees to take on roles to lead others. As a supplement, we will provide examples of fellows' leadership journeys.

All physicians are leaders

Every physician has a moment where she realizes that she is a leader. Often this comes at a moment of crisis – a patient's cardiac arrest, a conflict between teams, or a public health emergency – and she realizes that someone is looking to her to solve the problem or provide guidance. Many of the traits of an excellent physician, such as problem-solving skills, dedication to patients, and strong interpersonal skills, also describe a leader. However, these skills must be explicitly developed within the leadership domain, as good doctors do not automatically become good leaders.

Physician leadership is associated with higher quality of care, better patient outcomes, and decreased physician burnout¹. Increased focus on quality and safety initiatives has led more physicians to take on leadership roles². Effective leadership helps physicians maintain autonomy, promotes wellness, and connects us to our "reasons" for choosing the profession in the first place³. Put simply – leadership in medicine matters.

Regardless of future career path, all physicians find themselves in leadership positions. Not all physician leaders work in the C-suite. Some lead in microsystems like clinical teams, some innovate through research groups, some work for broad change through patient advocacy or practice management settings, and some lead the training of future physicians.

Lead yourself

One's path to leadership begins with understanding one's own mission, goals, and values, as part of an internal needs assessment. The ability to understand one's emotions and motivate and develop oneself is central to improved performance and increased satisfaction in personal and professional environments³. Therefore, identifying and prioritizing one's personal values, strengths, and areas of improvement are important first steps in learning leadership.

This often begins with the creation of an individualized development plan (IDP), a values-based exercise for reflecting on and defining one's priorities in accordance with an overarching vision for one's career⁴. IDPs are tools that help fellows ask the question "what do I want my career to look like?" and provide a realistic framework for achieving it. IDPs should include both short- and long-term goals, be reviewed and updated regularly, and be shared with a mentor who can provide accountability to fellows over time⁴. IDPs reinforce the importance of self-management as a core component of leading oneself and give fellows the opportunity to practice self-leadership in a protected space, under the guidance of a trusted mentor⁴.

Because trainees more often focus on their perceived weaknesses, structured efforts should be considered to help fellows identify their strengths⁵. Fellowship programs may provide formal strengths-based assessments, such as the Clifton StrengthsFinder[®] or the Via Character Strengths Test[®], which are validated tools that further promote self-management by highlighting both an individual's skills and targeted opportunities for future development⁶. Cultivating self-awareness, specifically regarding one's biases, is another important part of one's leadership journey. Developing personal leadership includes engagement in 360° feedback and the use of information from psychometric tests, like the strengths assessments, to develop self-awareness and engage in continuous personal growth⁵.

Strengths assessments and IDPs may also be used to create a personal mission statement, which is an important exercise in both learning and practicing personal leadership. Business and industry leaders rely on mission statements to establish strategy and promote development; they have a similar role in guiding personal and professional development⁷. Mission statements evolve over time as perspectives change and fellows undergo life and career transitions. The INSPIRE framework is a practical guide for creating one's mission statement (**Figure 1**)⁷.

Fellows will be continuously presented with opportunities to engage in projects and take on roles during training. A clear understanding of one's mission, values, and goals helps the fellow decide which challenges to take on, allowing her to better prioritize responsibilities, including her own well-being. Mentors can provide insight and ensure fellows pursue opportunities that match their personal mission statements. Program directors should be prepared to link fellows with mentors or appropriate

resources to foster their individual interests. Examples of potential opportunities for leadership training include participation in leadership development programs, like the AGA's Regional Practice Skills workshops or Future Leaders Program.

Lead within your sphere of influence

There are many opportunities for leadership in medicine, the range of which is perhaps best represented by the ideas of "small I" and "big L" leadership. "Small I" leadership refers to leadership within a microsystem⁸. Fellow physicians practice this type of leadership daily when working with medical students and residents on clinical rotations. "Big L" leaders are those with formal leadership titles who often function at the organizational level⁸. Over time, a fellow's potential sphere of leadership influence may grow from one's self to include a team, institution, professional organization, or even the public.

Small "I" leadership opportunities are an ideal scenario for fellows to trial leadership in practice and include interactions in clinical, teaching, and research environments. A fellow practicing clinical leadership may work to encourage psychological safety within teams, communication between team members, direct team goals and agendas, delegate responsibilities, and promote respect and professionalism between her clinical team and across care teams⁹. As with self-leadership, in each of these settings, the fellow would practice figuring out what needs to happen and then making it happen. With a research project, the fellow can perform a literature review and develop a research question, then lead the implementation of the research project with the resources available. Within a clinical team, a fellow might assess the patient load

and acuity, then delegate responsibilities to team members while attending to team members' strengths and needs and ensuring everyone is learning. Fellows who are interested in education may begin by identifying gaps in learning resources and develop new education tools, such as podcasts, to meet these needs.

A fellow who demonstrates skill in “small I” leadership may begin to consider opportunities to expand her sphere of influence. Perhaps she begins to broaden her focus from the clinical care team to institutional priorities, like resource stewardship and quality improvement, or organizational priorities such as advocacy initiatives. For example, a fellow might determine that FIT testing is used inappropriately in a particular setting. She might learn about the problem from different perspectives, propose a new process, and work to implement the process.

Ideal leadership skills

Successful leaders are able to do two things: (1) figure out what needs to happen and (2) make it happen. The first component of leadership requires analytic skills – performing a needs assessment, learning about an issue from multiple perspectives, weighing options for intervention and anticipating their potential impacts. The second component involves implementation skills. This requires emotional intelligence, conflict resolution, project management, and understanding governance structures. Effective leaders generate consensus, understand others' perspectives, and incorporate feedback in both steps.

Good leaders are first good followers. To be a good follower, one must align her goals with the organization, learn to manage conflict, and build credibility and social

capital¹⁰. This includes arranging and participating in fellowship town hall discussions, engaging with nursing and ancillary staff, and hearing patient and caregiver concerns⁵. Fellows who try to understand the system in which they work are better positioned to identify opportunities for improvement – this is the foundation of “figuring out what needs to happen.”

Successful leaders, regardless of leadership style, all share high levels of emotional intelligence, which is a term used to describe the relationship between self-awareness and interpersonal skills³. Successful leaders are mindful about the fact that they are in service of others’ needs and not their own. Equity-focused approaches to leadership emphasize inclusive leadership as a step forward from emotional intelligence. Equity-centered leaders are dedicated to advancing organizational capacity for health equity and the practice of multiculturalism¹¹. They also recognize the importance of fostering leadership development among those who are underrepresented in medicine, such as minorities and women. Fellows who embrace this approach will be prepared to solve complex problems, partner with communities, and address root causes of health inequities¹¹. Strong interpersonal skills are the foundation for “making it happen.”

The relationship between systems (figuring out what needs to happen) and interpersonal (making it happen) literacy is summarized in **Table 1**¹². These leadership skills provide a framework for best practice when assuming leadership roles and developing leadership expertise. Commitment to these ideals creates environments that are supportive and open-minded allowing individuals to envision a better future and engage each other to reach shared goals.

Regardless of one's chosen leadership path, the single best predictor for leadership success is optimism¹³. Positive leaders, called energizers, are most successful because they are driven primarily by their values and ideals. In medicine, this often overlaps with our shared commitment to care for patients, generate knowledge, and create new ways of addressing old problems.

Pathways to leadership

There are many pathways to successful leadership. To highlight a few good examples from our AGA colleagues, please visit the hashtag #AGAFutureLeaders. We encourage all fellows to start developing leadership skills and consider how they plan to make leadership a part of their career. By choosing to engage in leadership practice in ways that are meaningful to them, fellows will further develop their professional identities in ways that are authentic to themselves.

Develop your vision	Create your mission statement	Examples: Drs. Bhavsar-Burke and Dilly's mission statements
<ul style="list-style-type: none"> • Identify core values • Name the community you serve • Set your vision • Plan steps to achieve your mission 	<ul style="list-style-type: none"> • Identify specific activities that align with your vision • Review and refine your mission statement • Enlist others to help you achieve your mission 	<ul style="list-style-type: none"> • My mission is to develop coaching relationships with learners that inspire them to be self-aware and self-confident forward thinkers. • My mission is to help colleagues at all levels develop the most fulfilling careers possible in order to bring joy to the practice of academic medicine.

Figure 1: INSPIRE framework for creating a personal mission statement, adapted from the Association of Pediatric Program Directors⁷ and the authors' personal mission statements.

EXEMPLARY LEADERSHIP PRACTICES AND ASSOCIATED LEADERSHIP ATTRIBUTES AND SKILLS

MODEL THE WAY	<ul style="list-style-type: none"> • Clinical competence • Advocacy 	<ul style="list-style-type: none"> • Identify shared values and exhibit behavior consistent with those values • Promote consistency and progress by building on small wins and commitment to each other
INSPIRE A SHARED VISION	<ul style="list-style-type: none"> • Project management • Presentation skills 	<ul style="list-style-type: none"> • Envision an uplifting future • Enlist others in a common vision by appealing to your shared values
CHALLENGE THE PROCESS	<ul style="list-style-type: none"> • Strategic planning • Budgeting • Governance 	<ul style="list-style-type: none"> • Seek out opportunities to grow and improve • Engage in process improvement, acknowledge shortcomings, and learn from mistakes
ENABLE OTHERS TO ACT	<ul style="list-style-type: none"> • Negotiation skills • Conflict management 	<ul style="list-style-type: none"> • Foster collaboration by building trust • Strengthen others through shared decision making, delegation of tasks, and requests for feedback
ENCOURAGE THE HEART	<ul style="list-style-type: none"> • Team building 	<ul style="list-style-type: none"> • Recognize contributions and offer appreciation to your team • Celebrate accomplishments

Table 1: Exemplary leadership practices and associated leadership attributes and skills that fellows may work to build, adapted from Kousez and Posner and from ^{12,14}

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