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# Leadership Redefined

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Chair

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# Disclosures

- Editor in Chief *Harvard Women's Health Watch*
- Editor *Scientific American OBGYN*  
*On-line, OBGYN Residency Curriculum, Wellness Toolkit*
- Medical Advisor *Connexus*  
Reproductive Health app



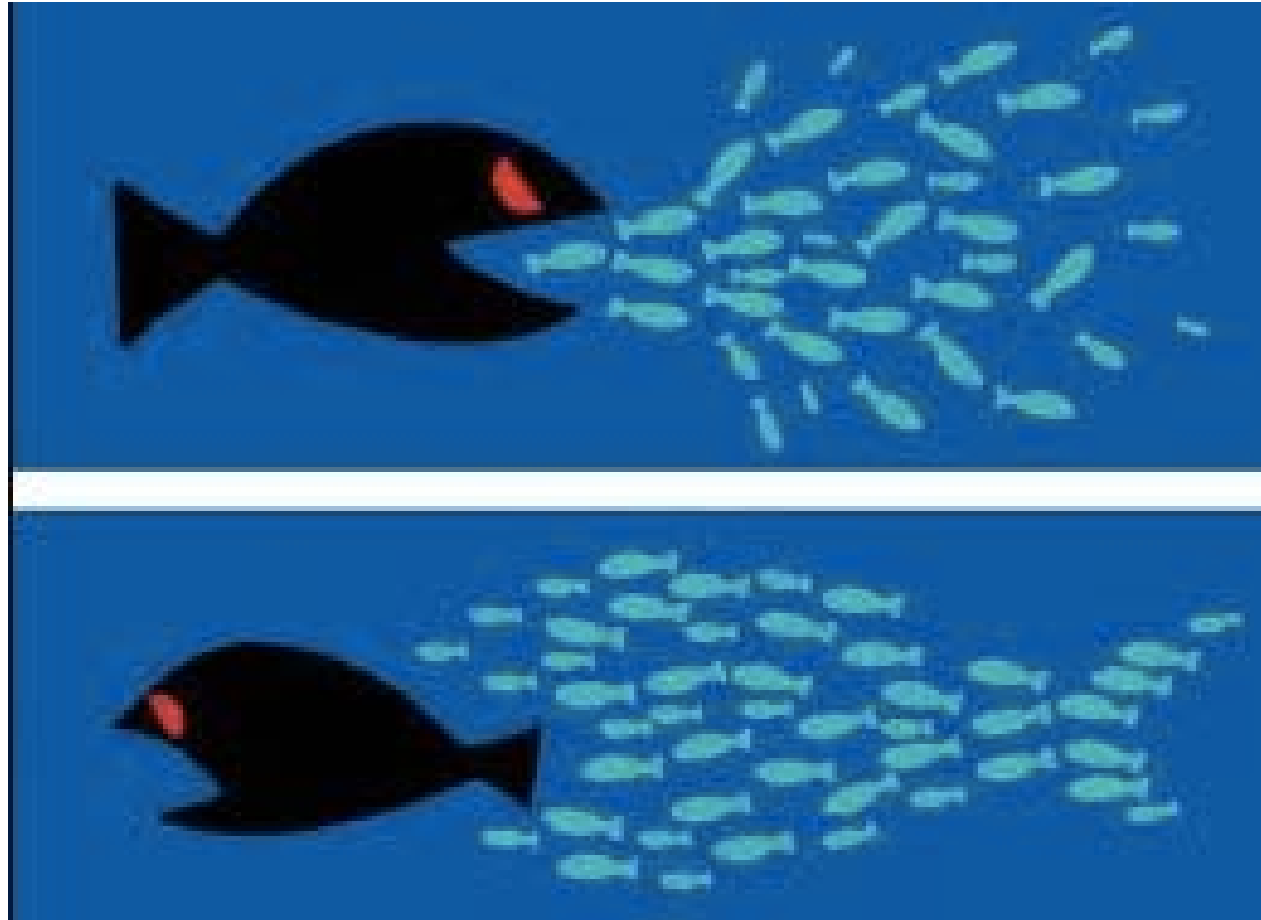


At the end of this presentation the learner will be able to:

- Examine and critique your leadership
- Refine leadership
- Lead culture change



# “Because I said so” leadership



# My journey.....



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# Understand whom you lead



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It doesn't cost anything to be nice.



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# Why I just told you that:

- Connect with those you lead
- Introduce self and background
- Share why enjoy work
- Link home life and interests



# Generational differences

- Silents 1928-45
- Baby boomers 1946-64
- Generation X 1965-82
- Millennials (Gen Y) 1983-



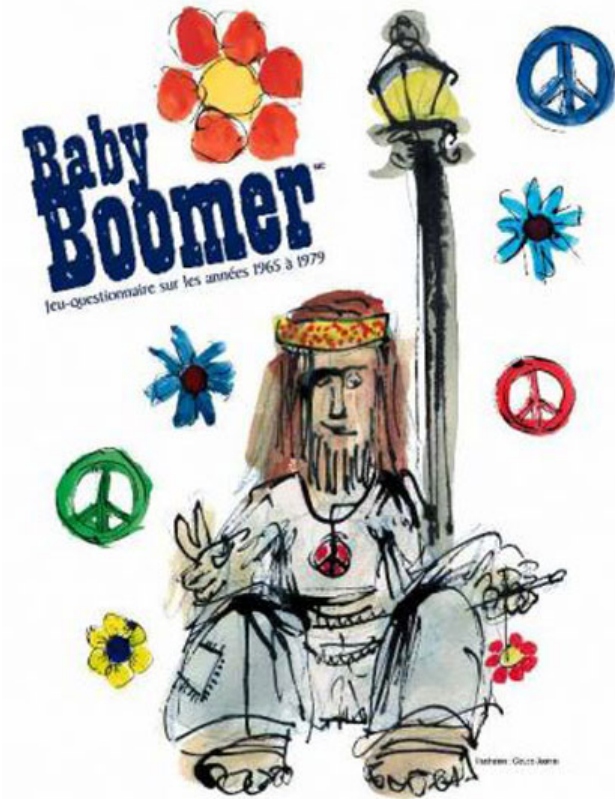
# Silents - 1928-45 (>64)

- Grave, withdrawn, fatalistic
- GI Generation
- World War II & Great Depression
- Beatles, Marilyn Monroe, James Dean
- JFK, MLK



# Baby boomers - 1946-64

- Reject traditional values
- Individual freedom - civil, women, gay rights
- Vietnam
- Television - Brady Bunch, Happy Days
- Assassinations – JFK, MLK



# Generation X - 1965-82

(35-46 years)

- Slackers as youth
- High earners later
- No heroes
- Politically disengaged
- Challenger disaster, Rodney King, Sept 11
- Name brands
- Remembers time without technology



# Millennials - 1982 – today

## < 35 years

- Reach 18 at the turn of the millennium
- Use technology – professional & personal



# Millennials are Tech Savvy



- Work with gadgets as extension of bodies
- Multitask - talk, walk, listen, type, text
- Learn from them

Messages

MOM

Edit

Got an A in Chem!!

WTF, well done!!

Mom, what do you think WTF means?

Well That's Fantastic



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# Leadership Tips for Text/Email



# Engagement...redefined



Definition of engagement  
may be different than  
yours



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# Millennial Engagement



On a date



Coffee with friends



A visit to museum



Cheering on team



A day at the beach



# Product of Helicopter Parents...



# Brett's Story

- “I don't like my grade, and my mom wants to talk to you, here's the phone”



# Tips for leading millennials

## *Don't's*

- Don't ask them to live and breathe department
- Want want work-life integration



# DO NOT:

- Tell them you're disappointed in them
- Say ***"Pay your dues just like I did"***
- Tell them how many hours you worked when you trained



# Leading Gen Y...

- Focus on coaching (not bossing)
- SET CLEAR EXPECTATIONS

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## PERSONAL BEST

*Top athletes and singers have coaches. Should you?*



By Atul Gawande



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# Millennials thrive with:

- Collaborative culture
- Open office space
- Integration of work/social/family life



# Perhaps even.....

- Allow them to transform the medical school/department/laboratory into a much more efficient, flexible, nicer place to be.



# How many of you are comfortable calling yourself a leader?



# How many had formal leadership training?



# Every physician is a leader

- Team-based care models
- Patients with complex conditions require collaboration



# Are you a leader or a manager?

- Leadership can be learned and honed
- It helps to understand difference between leading and managing



# Planning and budgeting

- Management



# Setting direction

- Leadership





# Organizing and staffing

- Management



# Aligning people

- Leadership



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# Providing control and solving problems

- Management AND Leadership



# Providing motivation

- Leadership



# Anticipating change

- Leadership



# What are you doing to anticipate your next change

- What are your goals? Priorities?
- What are you hoping to achieve?
- What's on your calendar that supports this?



# Eisenhower Box

	Urgent	Not urgent
Important	Do it now 1	Make time for it 2
Not Important	Delegate it 3	Delete it 4



	Urgent	Not urgent
Important	1	2
Not Important	3	4





	Urgent	Not urgent
Important	1	2
Not Important	3	4



	Urgent	Not urgent
Important		
Not Important		



	Urgent	Not urgent
Important	<ol style="list-style-type: none"><li>1. Grand Rounds Presentation</li><li>2. Maternal Physiology curriculum</li><li>3. Call dad</li></ol>	
Not Important		



	Urgent	Not urgent
Important	<ol style="list-style-type: none"> <li>1. Grand Rounds Presentation</li> <li>2. Maternal physiology curriculum</li> <li>3. Call dad</li> </ol>	<ol style="list-style-type: none"> <li>1. Best Practice RAT manuscript</li> <li>2. Develop strategic plan</li> <li>3. Exercise</li> </ol>
Not Important		



	Urgent	Not urgent
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	Urgent	Not urgent
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Not Important	<ol style="list-style-type: none"> <li>1. Book flights</li> <li>2. Share articles</li> </ol>	<ol style="list-style-type: none"> <li>1. Read Twitter</li> <li>2. Watch Netflix</li> </ol>



Checklist not  
good enough!

Put important  
nonurgent (box  
2) work in your  
calendar

April 20, 2018

Friday

all-day

6 AM

7 AM

7 AM  
Call Mom

8 AM

8 AM  
Work on RAT Best Practice Manuscript

9 AM

10 AM

10 AM  
Work on Dept Strategic Plan

11 AM

Noon

12 PM  
O'Brien Annual Review

1 PM

2 PM

1:15 PM  
Resident as Teacher Bootcamp

3 PM



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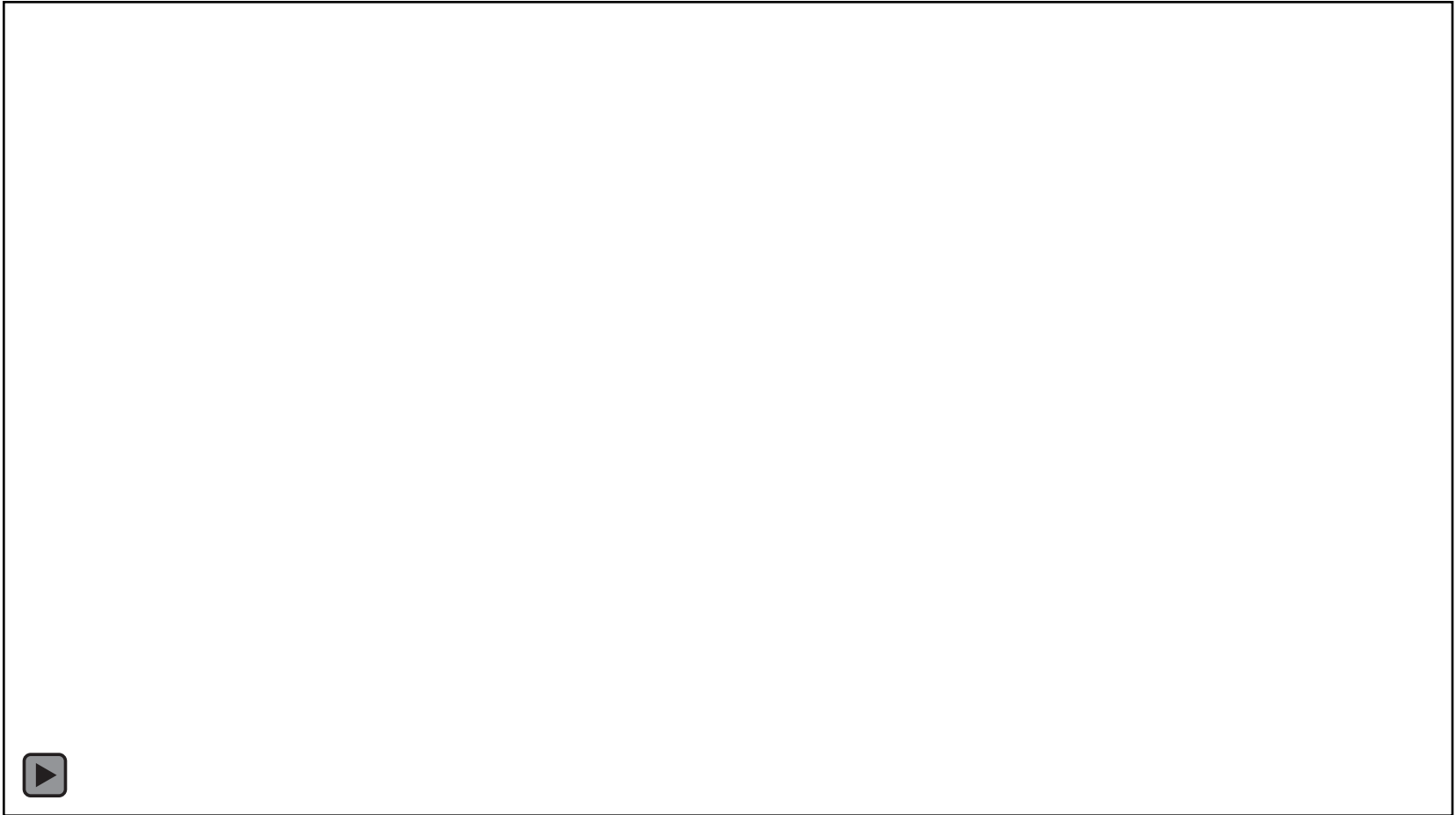
# Be courageous enough to give up with has worked in the past

- Dare to be different
- Withstand those that tell you idea is stupid
- People that join you may surprise you





# How to start a movement



# Imposter Syndrome



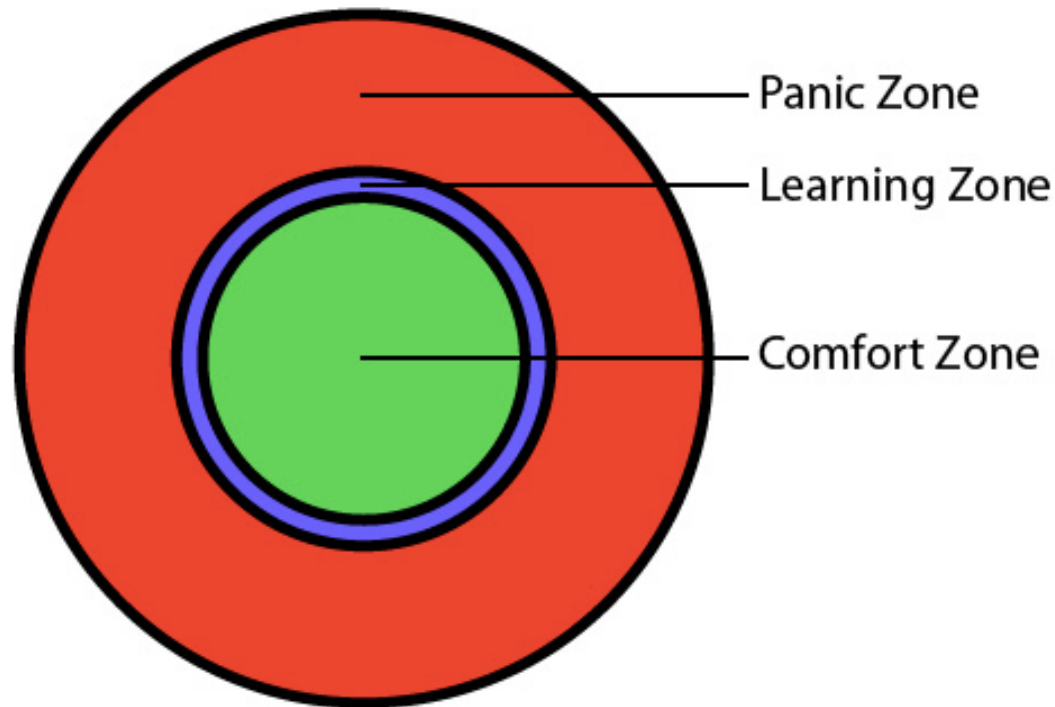
# Imposter Syndrome

- High achieving
- Believe deceived others about competence
- “I’m a fraud” “I got lucky”



# Imposter Syndrome

- If you never feel it, you may not be pushing yourself



# Overcoming Imposter Syndrome

- Ask for help
- Use your network
- Get used to it
- Compare down
- Fake it 'til you feel it



# How to Project Power



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# Take a look at yourself right now

- Look at your posture
- What are you doing with your body?
- Do you appear powerful?
- Do you feel powerful?



# Non-verbal expressions of dominance





# Low Power Poses



# High Power Poses



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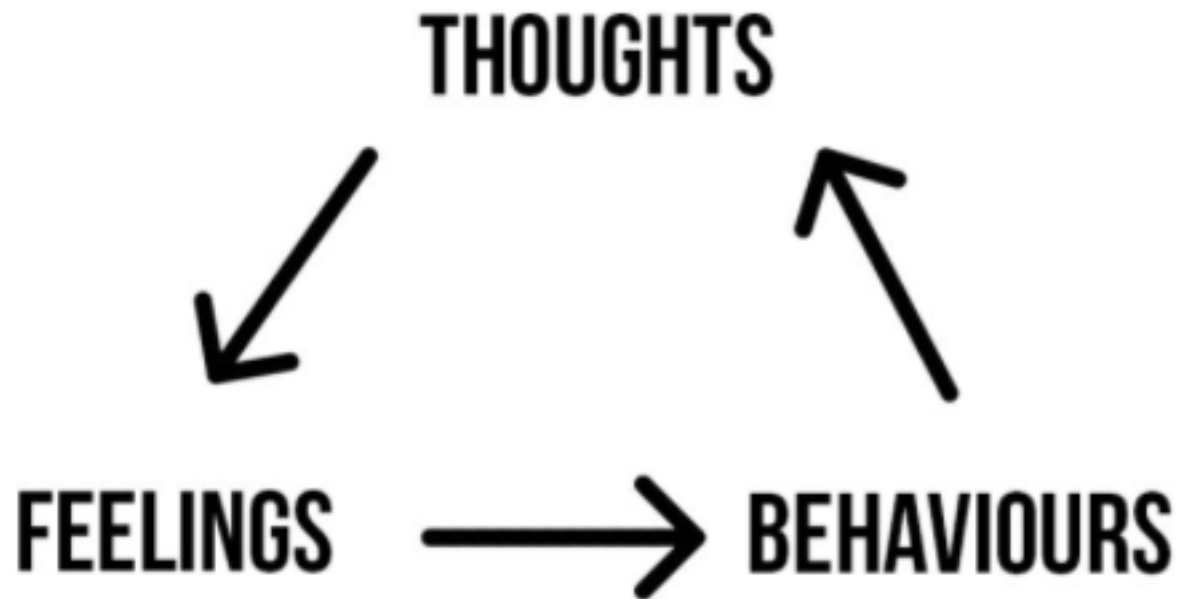


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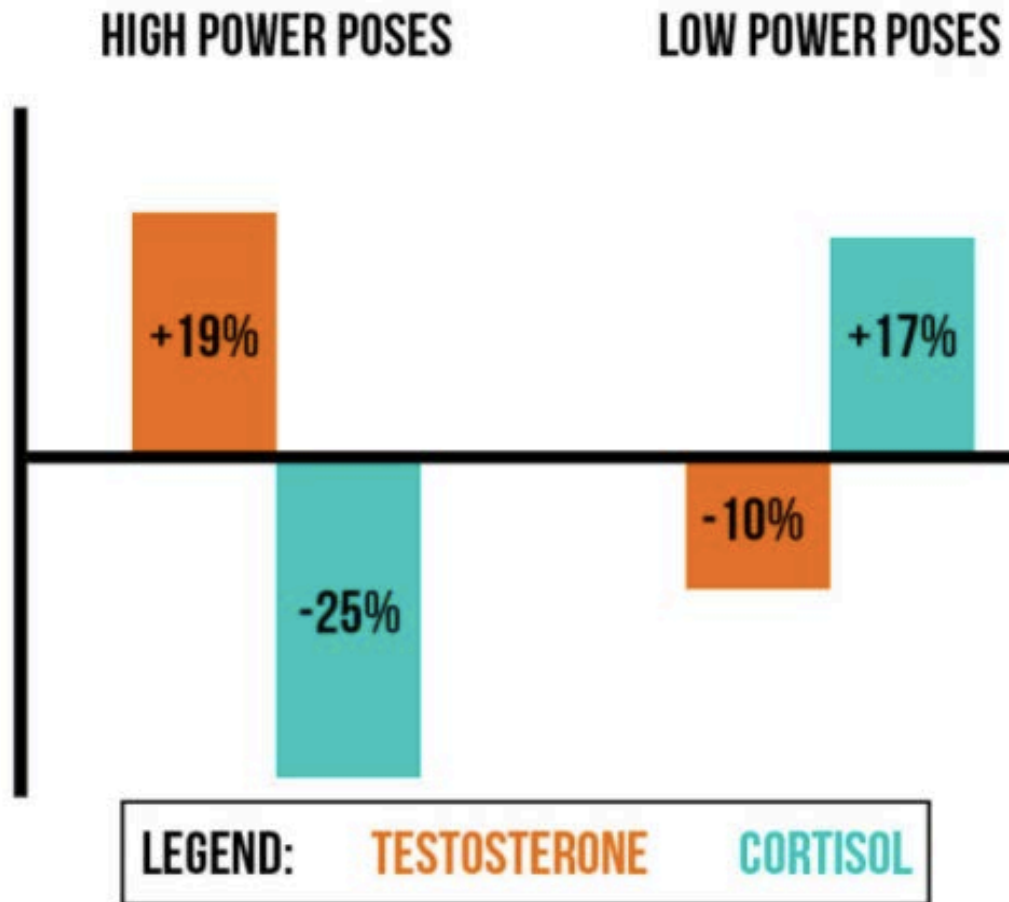
# Wonder Woman Pose



# Body Language and Self View



# Power Pose Effect on Testosterone and Cortisol



# Positive Learning Environment



# Does this sound familiar?

- Surgeon comes to OR late, greets no one, tells resident they don't know anatomy. Medical student cuts suture too long, he says, "Cant you even cut?!"



# Disrespect

- Sarcasm
- Dismissal of ideas
- Subtle put-downs
- Shaming for incorrect answers
- Ignoring trainees

**CULTURE**  
**Built in Small Acts**





# Learning Environment

*Death by 1000 paper cuts*



# Learning Environment

## *Improvement by 1000 acts*



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# Surgical Safety Checklist



## Before induction of anaesthesia

(with at least nurse and anaesthetist)

**Has the patient confirmed his/her identity, site, procedure, and consent?**

Yes

**Is the site marked?**

Yes  
 Not applicable

**Is the anaesthesia machine and medication check complete?**

Yes

**Is the pulse oximeter on the patient and functioning?**

Yes

**Does the patient have a:**

**Known allergy?**

No  
 Yes

**Difficult airway or aspiration risk?**

No  
 Yes, and equipment/assistance available

**Risk of >500ml blood loss (7ml/kg in children)?**

No  
 Yes, and two IVs/central access and fluids planned

## Before skin incision

(with nurse, anaesthetist and surgeon)

**Confirm all team members have introduced themselves by name and role.**

**Confirm the patient's name, procedure, and where the incision will be made.**

**Has antibiotic prophylaxis been given within the last 60 minutes?**

Yes  
 Not applicable

**Anticipated Critical Events**

**To Surgeon:**

What are the critical or non-routine steps?  
 How long will the case take?  
 What is the anticipated blood loss?

**To Anaesthetist:**

Are there any patient-specific concerns?

**To Nursing Team:**

Has sterility (including indicator results) been confirmed?  
 Are there equipment issues or any concerns?

**Is essential imaging displayed?**

Yes  
 Not applicable

## Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

**Nurse Verbally Confirms:**

The name of the procedure  
 Completion of instrument, sponge and needle counts  
 Specimen labelling (read specimen labels aloud, including patient name)  
 Whether there are any equipment problems to be addressed

**To Surgeon, Anaesthetist and Nurse:**

What are the key concerns for recovery and management of this patient?



# Learn Names

- Produces ‘activation phenomenon’
- After person voices name more likely to speak up
- Complications and death dip by 35% after introductions in OR



# Say **yes**...Not **but**

- Yes.....and
- No BUTS



# AND instead of BUT exercise:

- I understand your perspective, but let me share some other ideas
- I understand perspective **AND** let me share some other ideas



# AND instead of BUT exercise:

- I love the manuscript BUT have a few changes to suggest
- I love the manuscript **AND** have a few changes to suggest



# Build culture in small acts

1. Learn names
2. Yes... and





# Workspace and Culture Lessons From Google and Apple



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“Design for the interactions you want to occur”

-Steve Jobs, Apple



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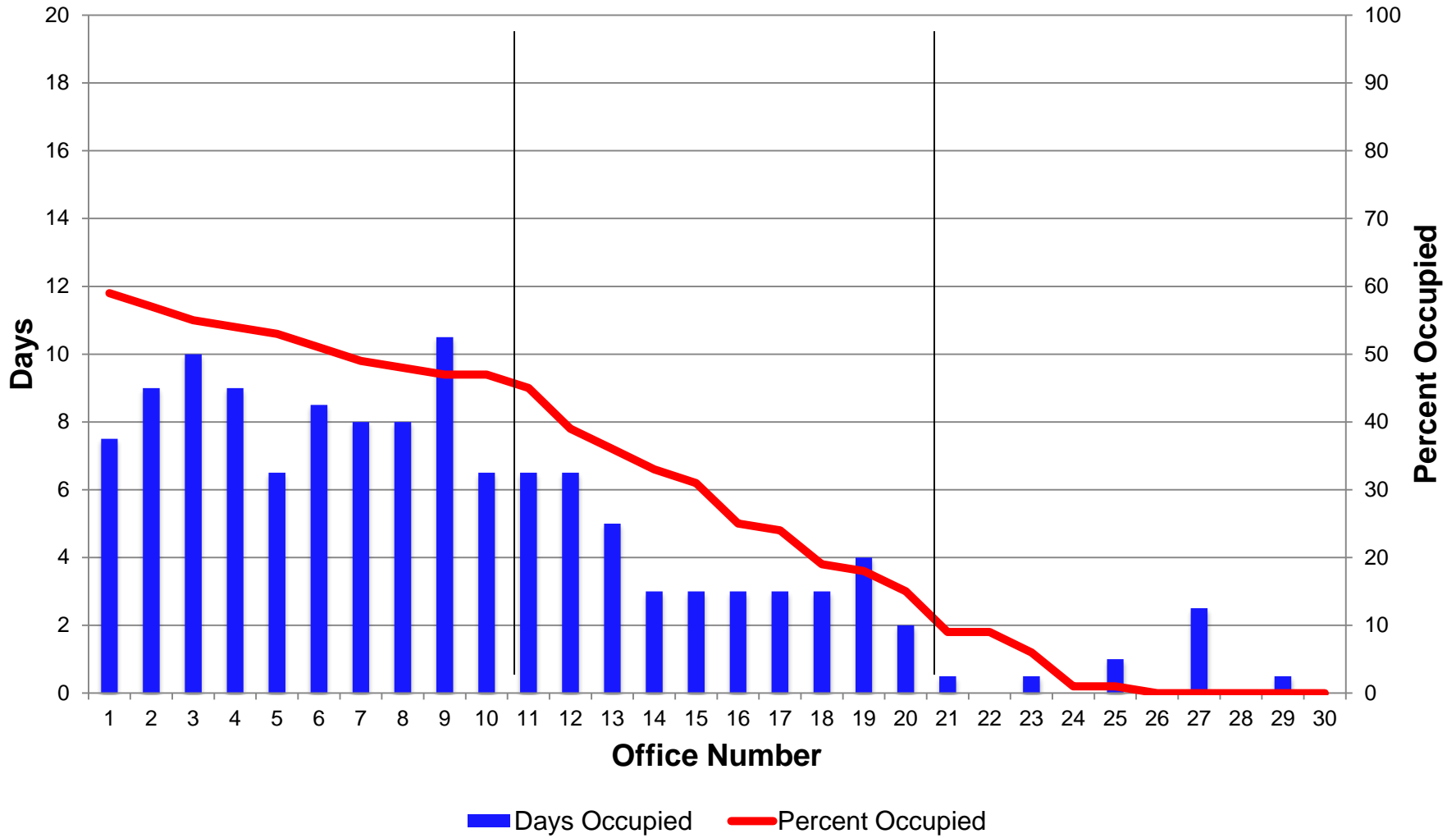
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# Beth Israel OBGYN Space Study

- Knocked on doors
- 20 weekdays
- 7am – 7pm



# Office Occupancy



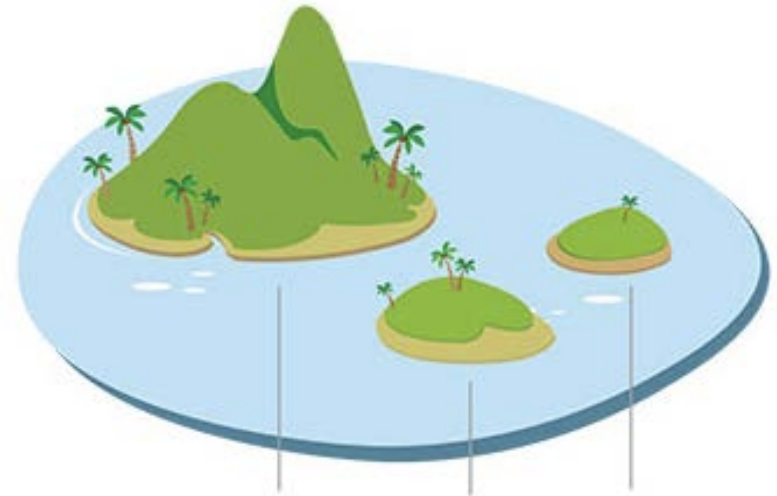
# Cons of Open Workspace

- Noise
- Privacy
- Distractions



# Don't swing too far – Mixed Space

- Open desk space
- Private areas
- Team Rooms
- Conference Rooms



67%

Open  
Shareable  
Workspace

28%

Separate  
Conference  
Rooms

5%

Other



# Entrance before Renovations



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# Recruitment



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# No Jerks Rule



# Are you a giver or a taker?

- Adam Grant Ted Talk
- Givers – “what can I do for you?”
- Takers – self-serving
- Matcher – quid pro quo



# Who have you influenced?

- Takers identify superiors
- Givers identify those below them



# Givers at Risk for Burnout



# Health Care Provider Burn out...

- 60% MDs considered leaving practice



Lucian Leape Institute. 2013. Through the eyes of the workforce: creating joy, meaning and safer health care. Boston, MA: National Patient Safety Foundation.



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# Five-Minute Favors

- Make introductions between 2 people who benefit from knowing each other
- Public praise for accomplishments
- Ask those you've helped who offer to pay you back to instead pay it forward
- Creates culture of givers



# Recruit Givers, Eliminate Takers

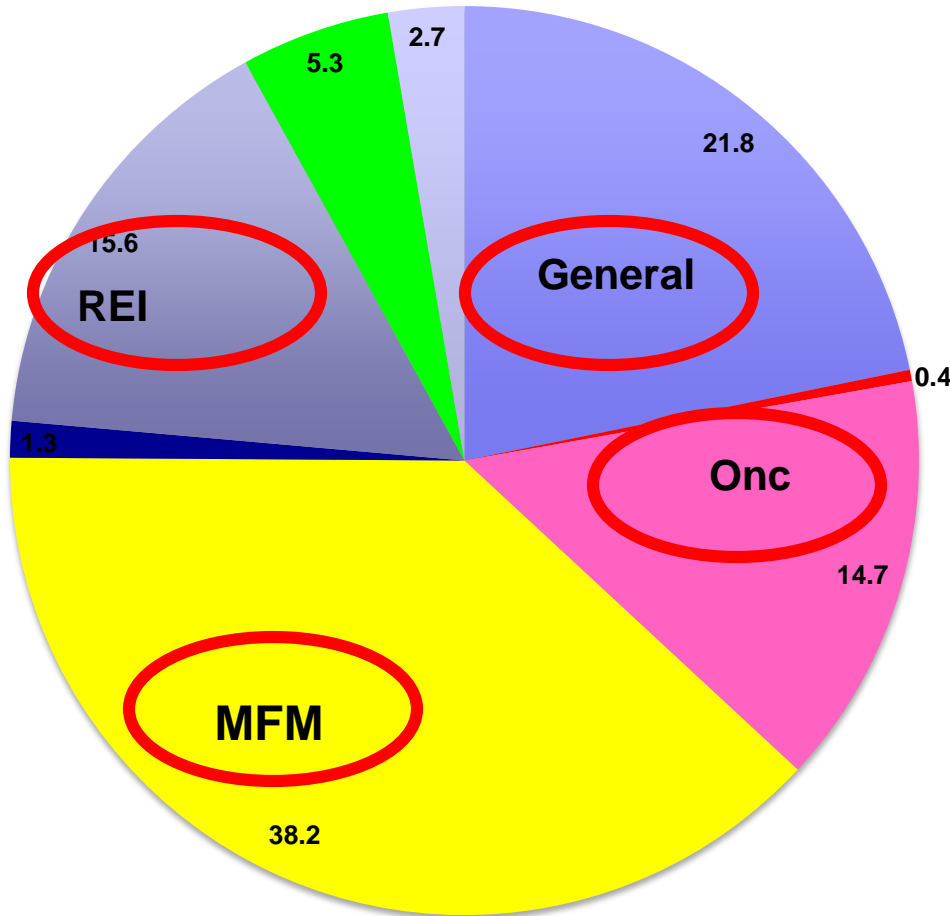
- One bad apple can spoil bunch



# Who are our leaders?



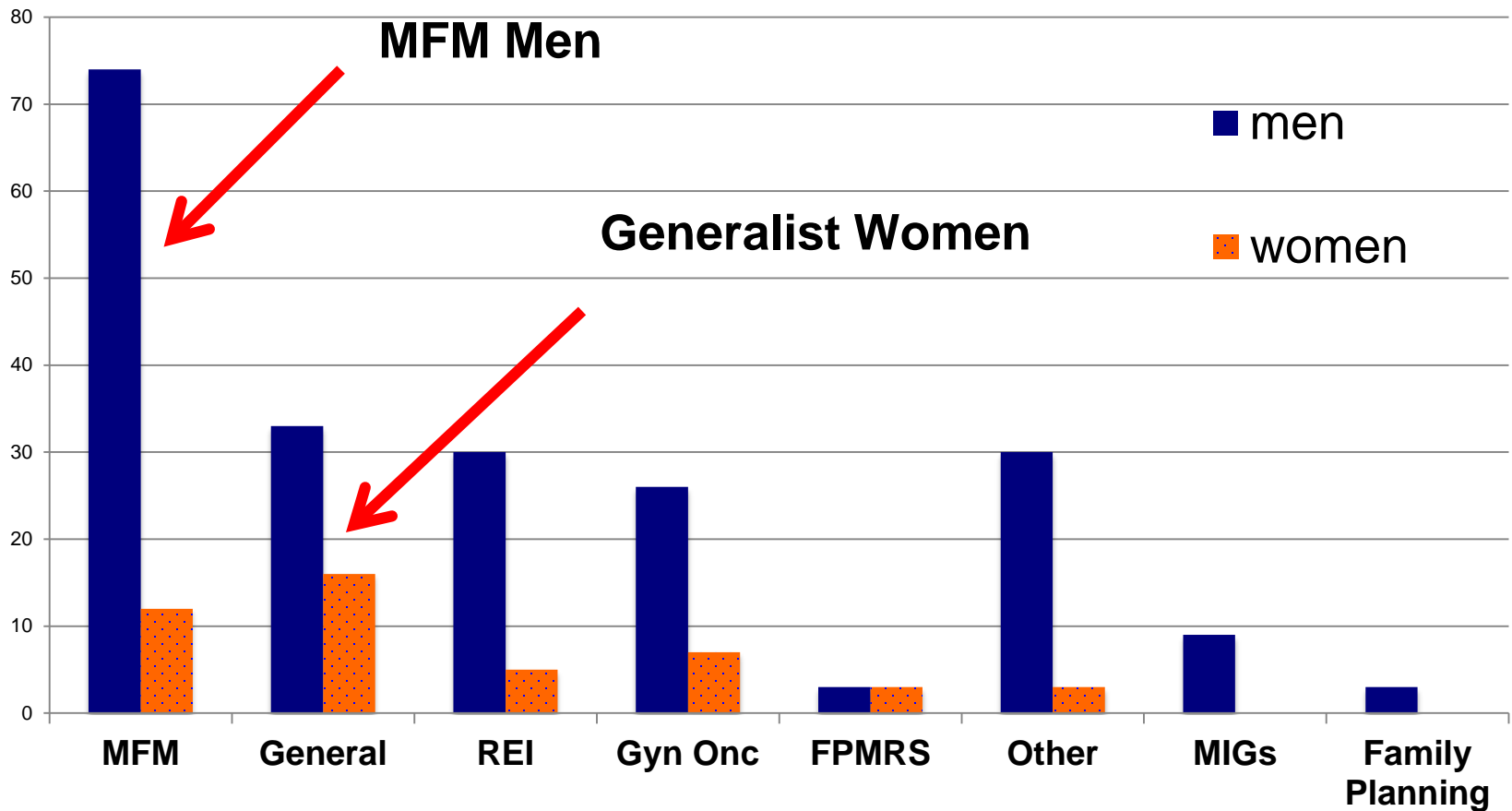
# OB/GYN Chairs by Sub-Specialty



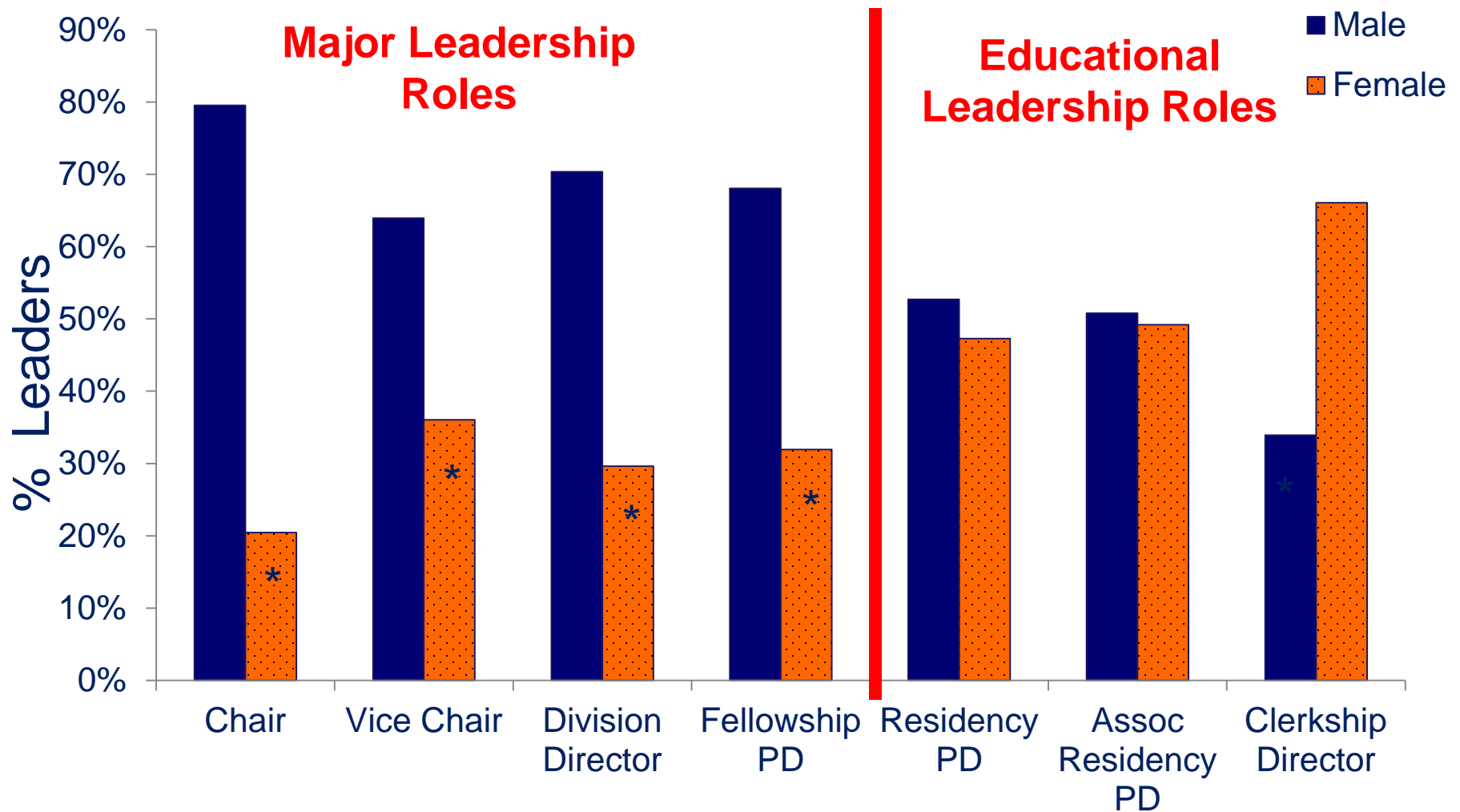
- General OB/GYN
- Family Planning
- Gynecologic Oncology
- Maternal-Fetal Medicine
- Minimally Invasive Surgery
- Reproductive Endocrinology & Infertility
- Female Pelvic Medicine
- Other



# OB/GYN Chairs by Sub-Specialty and Gender



# Women in OBGYN Leadership

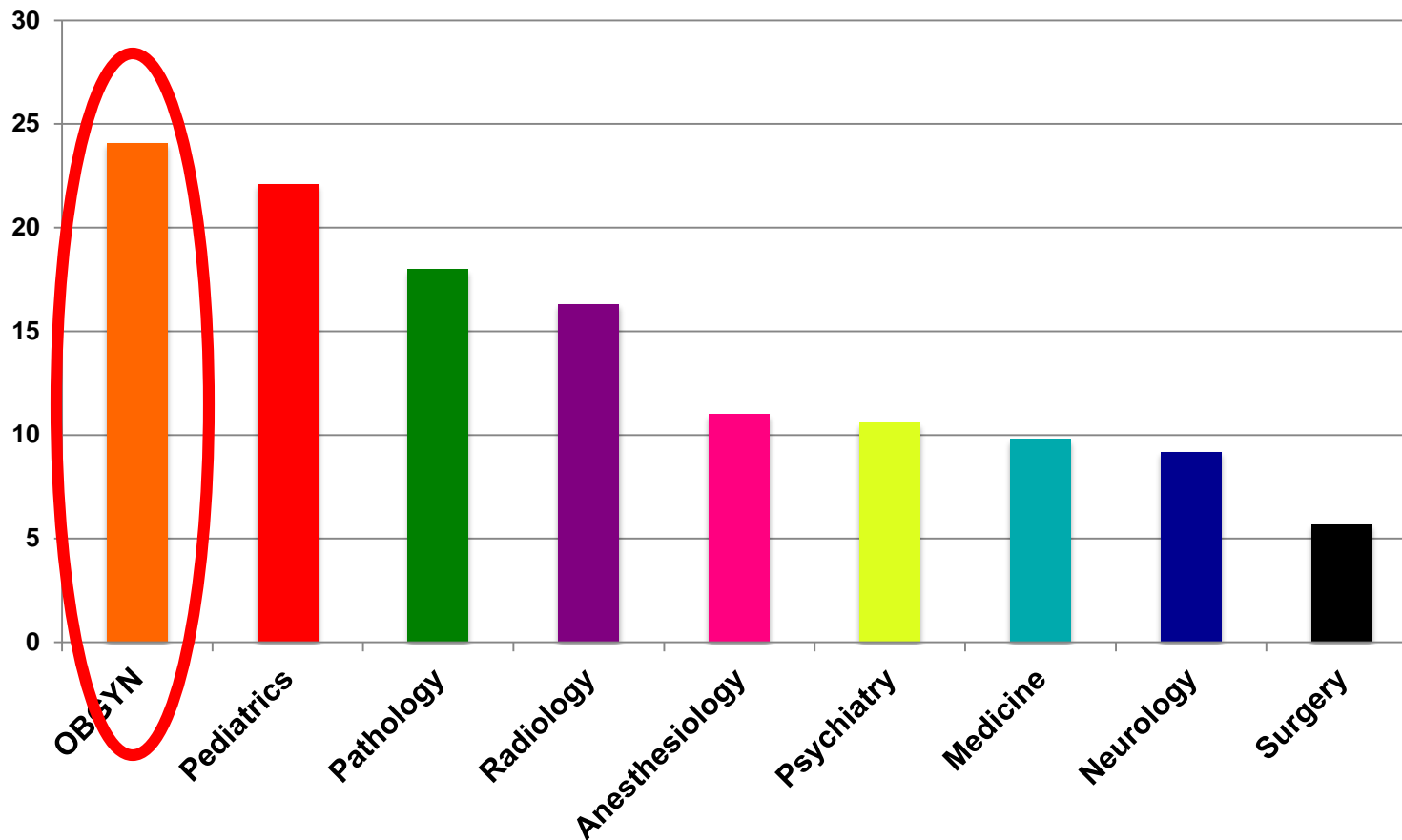


# Women in Academic Medicine

■ Students	50%
■ Residents	50%
■ Faculty	37%
■ Division Chiefs	22%
■ Vice Chairs	22%
■ Chairs	14%
■ Deans	12%



# Percent Department Chairs Who are Women by Specialty

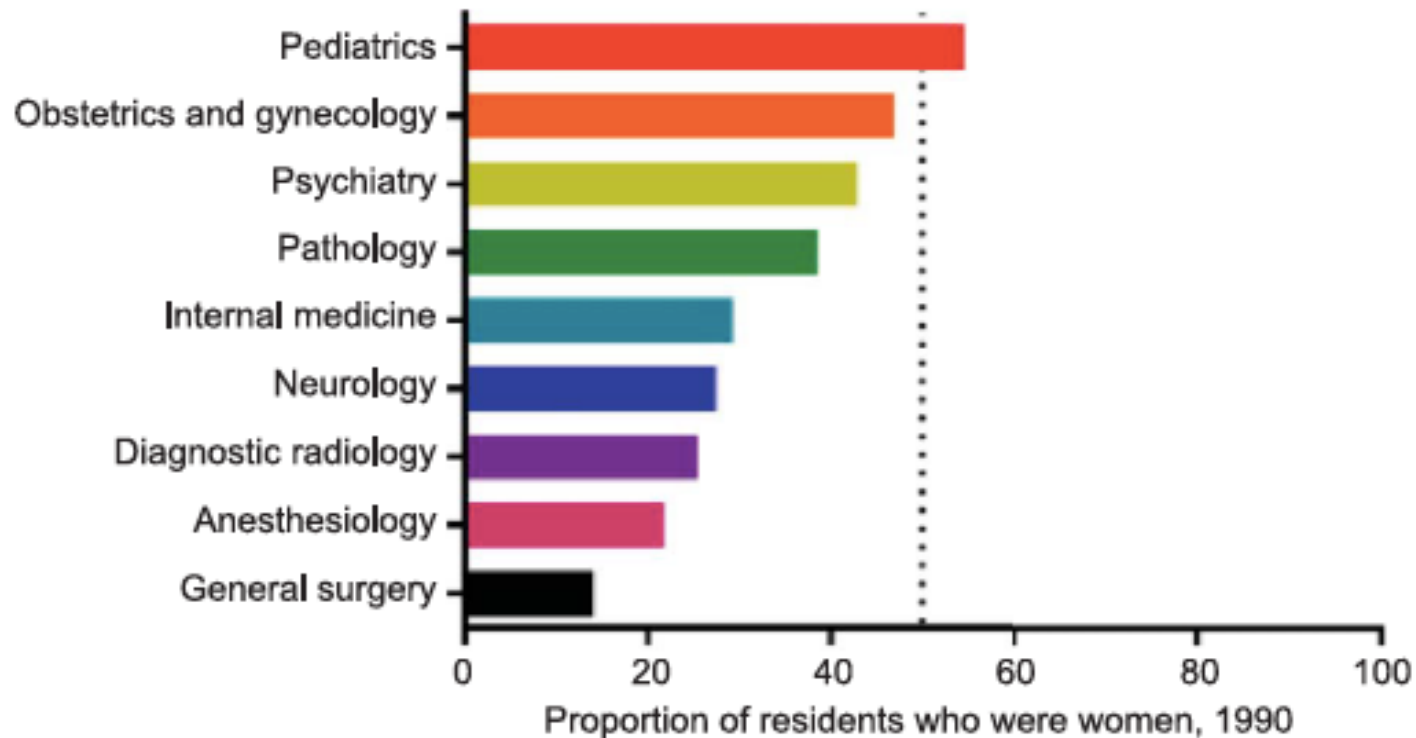




# ACADEMIC OB/GYN LEADERSHIP



# Proportion of residents who were women, 25 years ago....

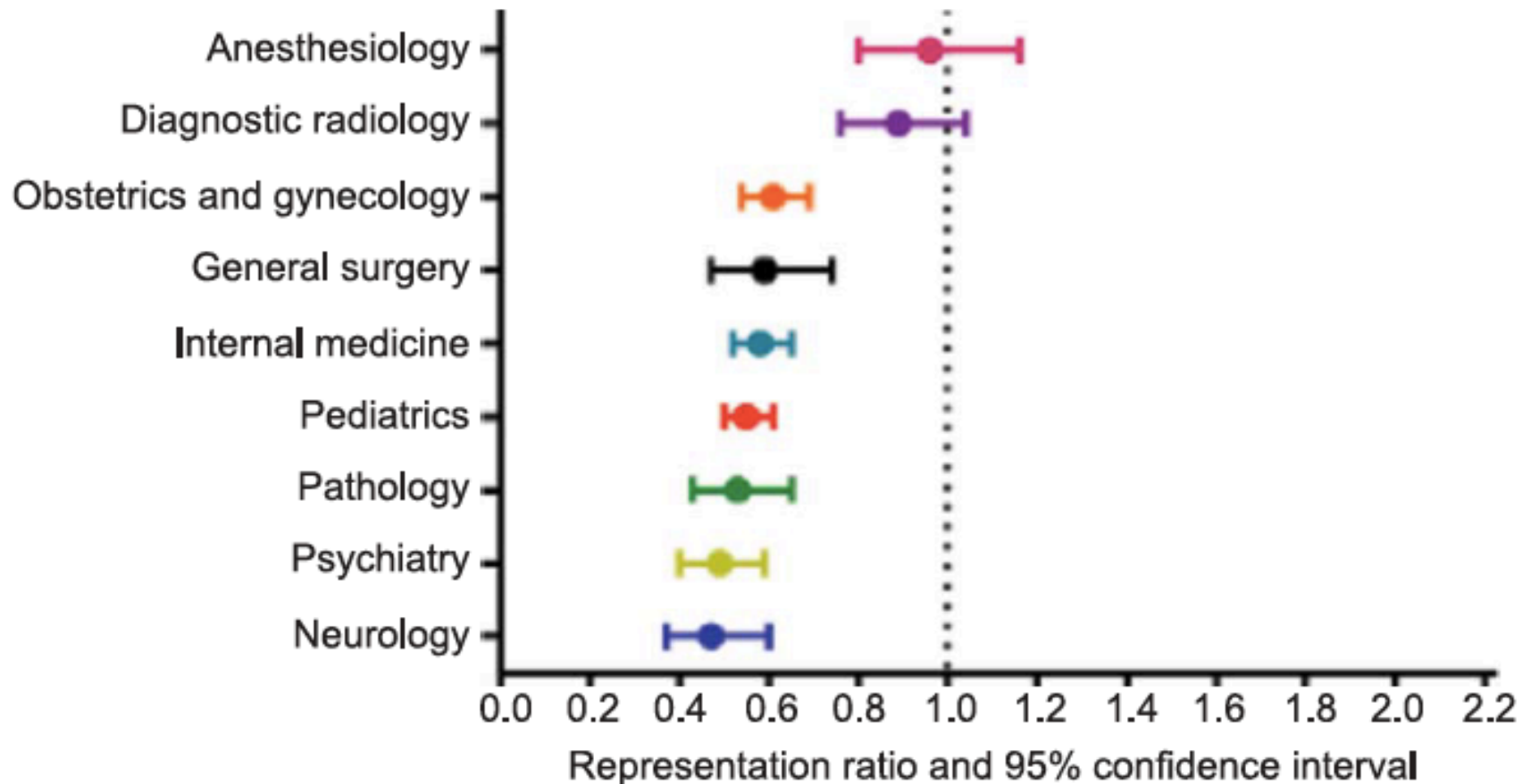


# Representation Ratio Takes Proportion at Entry into Account

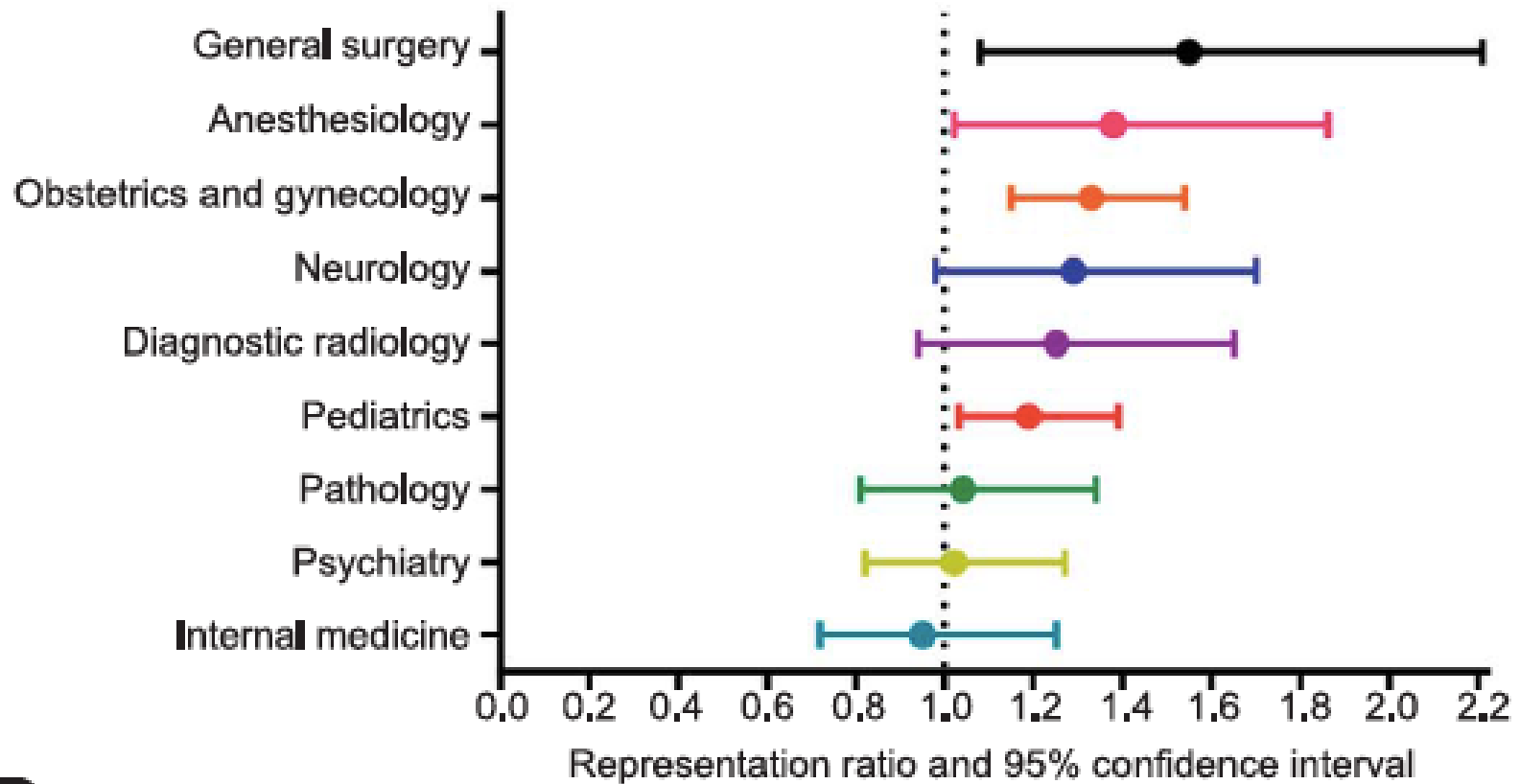
- Ratio 1.0 - indicates proportional representation of women leaders adjusted for 1990 cohort at entry into residency
- Ratio  $< 1.0$  – women are under-represented
- Ratio  $> 1.0$  – women are over-represented



# Comparison of Women in Department Leadership Roles (chair, vice chair, division director)



# Ratio of Women Residency Program Directors



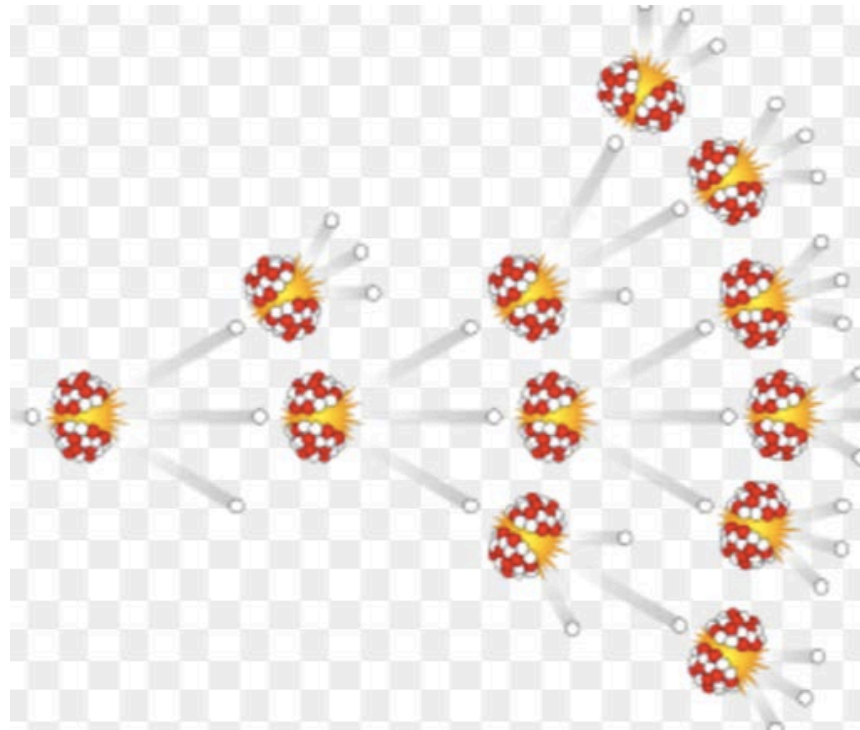
# Gender Equity Time Argument

- Given enough time, women will be represented in leadership in equitable proportions as base



# Theory of Critical Mass

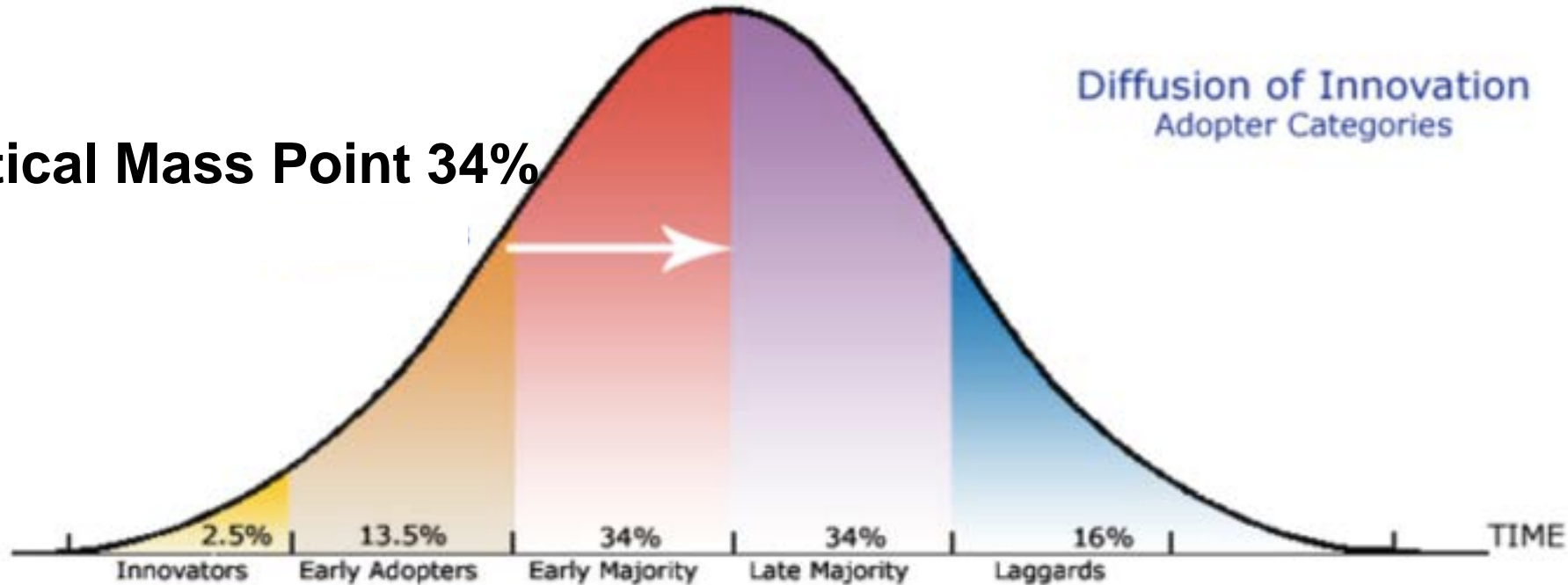
- Nuclear physics - quantity needed to initiate a chain reaction



# Theory of Critical Mass

Diffusion of Innovation  
Adopter Categories

**Critical Mass Point 34%**



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# Theory of Critical Mass

- Women represented in academic medicine at critical mass levels for a decade



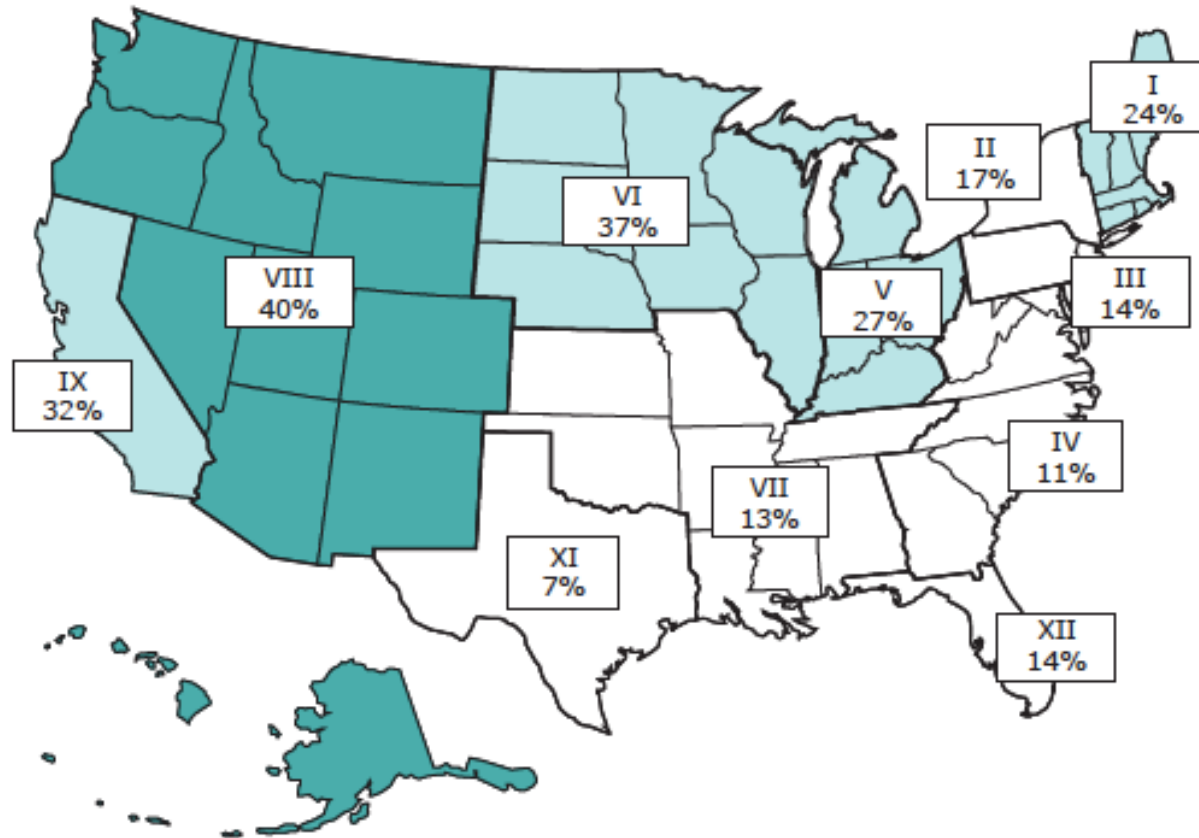
# At Current Rate, Time Until Gender Equity in General Workplace?

- 118 years



# Does Geography Matter?

## OB/GYN Chairs who are Women by ACOG District



# Representation Ratio

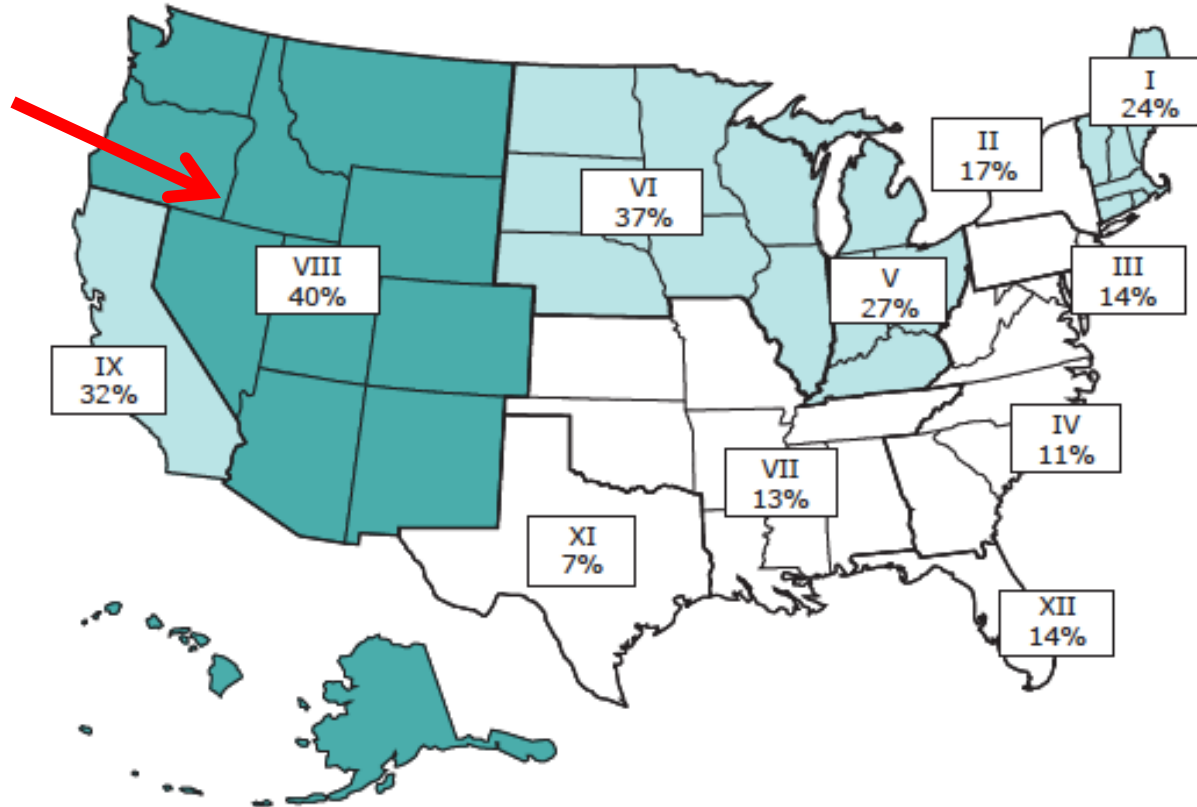
*Corrects for proportion of women in practicing base*

- Proportion of women in leadership relative to practicing base



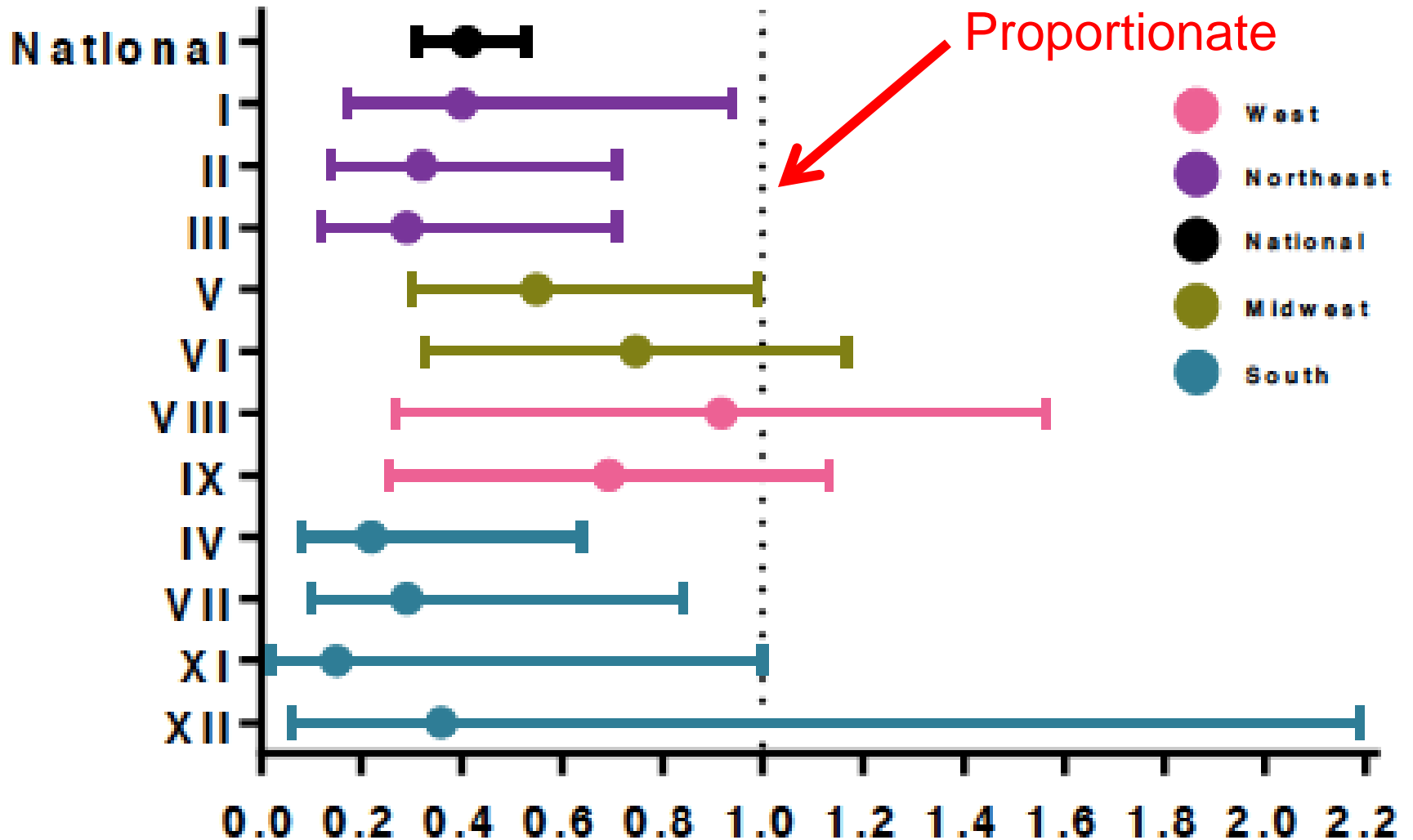
# Does Geography Matter? OB/GYN Chairs who are Women

**Better  
in  
West?**



# Representation Ratios

## Women Chairs Relative to ACOG Base



# OB/GYN Leaders Relative To Practicing Base

- No region in country stands out as better place for women to be promoted
- Women are under-represented in leadership every ACOG district
- More women practicing in west

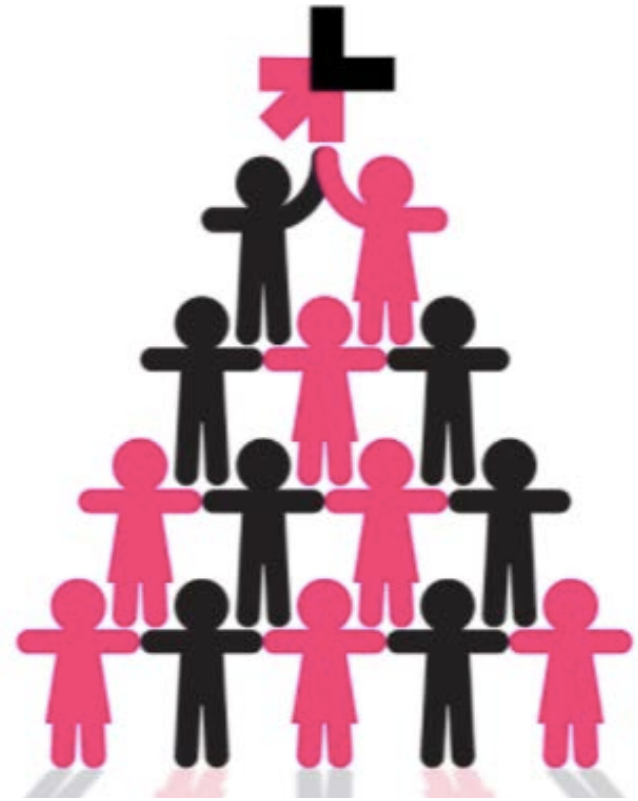


# Abandon Critical Mass

Instead:

## *“Critical Actor” Leaders*

- BOTH women and men, who individually and collectively, have commitment and power to create gender-equitable cultures in academic medicine





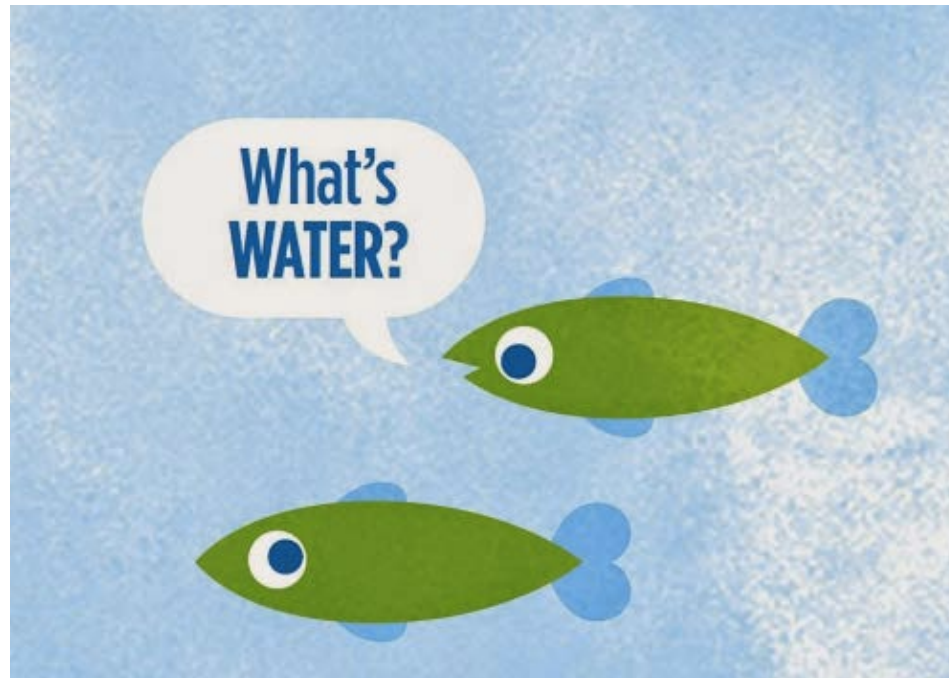
# Culture Matters

- Men and women share similar leadership aspirations
- Flexibility and work life integration core of success
- Everyone wins with culture change
- **Women and URMs win disproportionately**

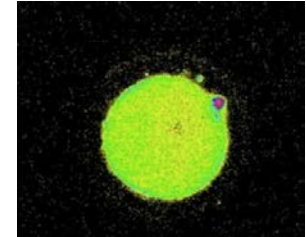


# How's the water?

- It's easy to forget the culture around you because it's all you know.



# Medicine Today Needs Different Prototype

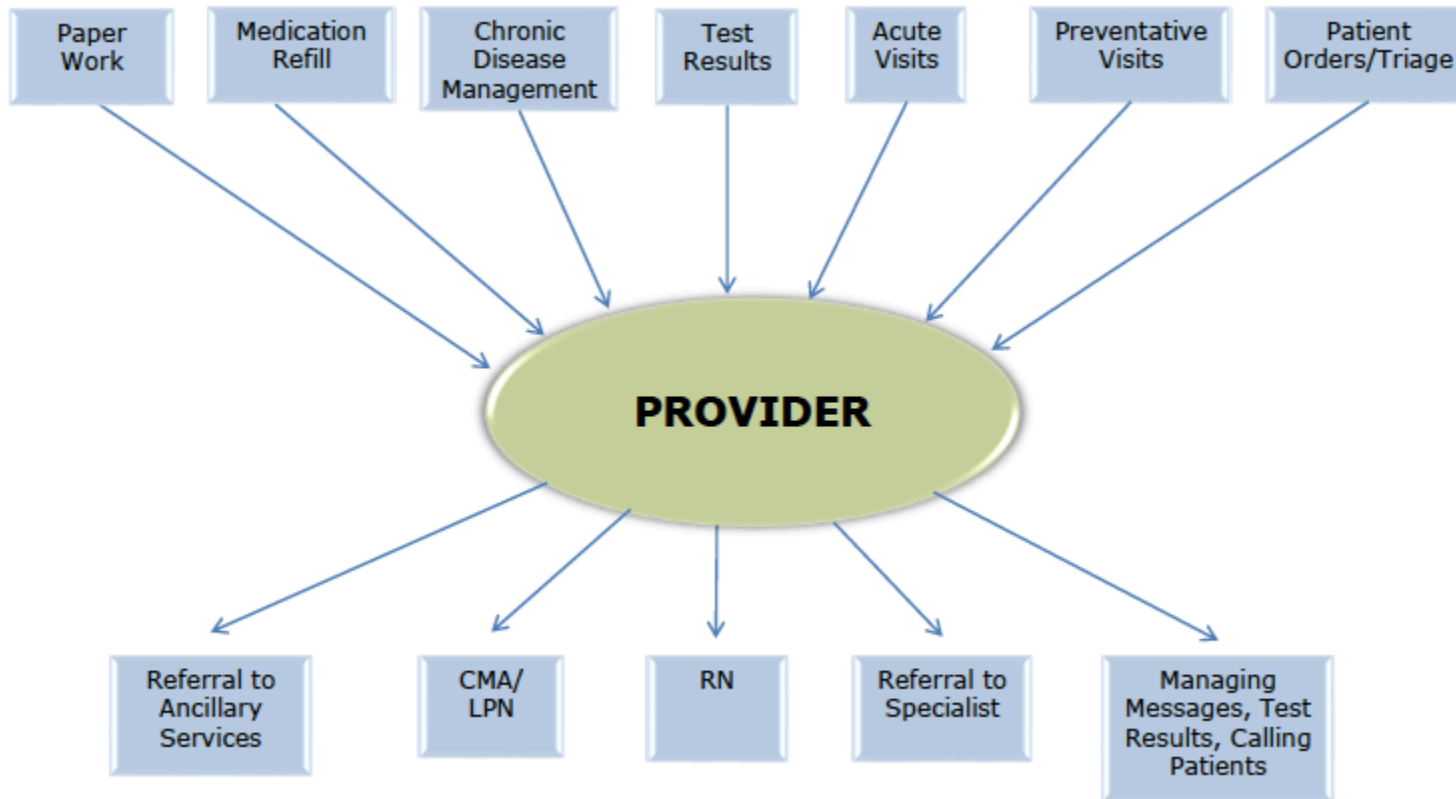


- 1900's Level of the Cell
- Don't need more cures
- Cures must reach patients safely, effectively, and cost-consciously

## 2000's Level of the System



# Move Away from Physician-Centric



# New Brand of Academic Department



- Just, collaborative environment
- Promotes innovation and teamwork
- Iterate quickly
- Nurtures individuals at all levels to voice ideas and demonstrate leadership



# Ingredients to promote joy in work align with safe care models

- Shared mission/vision/values
- Team-based care
- Transparency
- Flattening of hierarchy
- Co-location
- Wellness



# Wellness is Not a Yoga Class

- Shared mission/values
- Team-based care
- Transparency
- Flattening of hierarchy
- Co-location



# Joy in Work

- Sense of Meaning
- Autonomy
- Flexibility





# 12 Habits of Highly Healthy People

1. Physical activity
2. Forgiveness
3. Portion Size
4. Preventive healthcare testing
5. Adequate sleep
6. Try something new
7. Strength & flexibility
8. Laugh
9. Family & friends
10. Address addictive behaviors
11. Quiet your mind
12. Gratitude



# Key Points

- Understand whom you lead
- Every physician is leader
- Workspace and culture
- Leading vs managing
- Overcoming imposter syndrome
- Build culture in small acts – learn names; “yes and”
- Be a critical actor
- Ingredients for joy in work



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