

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Hospital Governance

### Section 3.1 – Transitioning into a Leadership Role

#### OVERVIEW

Physician leaders must excel in both clinical medicine and team management to effectively deal with the medical, administrative, and ethical complexity of the roles they fill. This section provides a well-known model demonstrating the skills and characteristics required for physician leaders to be successful in their role, followed by five practices of exemplary leadership stemming from those characteristics. It is recommended that physician leaders use these characteristics to diagnose their own strengths and areas of need. Following this model are five learning methodologies that can be executed to assist with growth in those specific areas.

#### Key Sources

##### [Supporting New Leaders in Developing Collaborative Teams: A Toolkit](#)

*An overview of Leadership: Concepts, Styles, Qualities, Challenges in Leading Teams, Power in Teams and Organizations, and Leading Change (AOHC / ACSO, 2009)*

##### [NHS Institute Leadership Frameworks](#)

*Two leadership frameworks from The NIH Institute for Innovation and Improvement leadership: The Leadership Qualities Framework and the Medical Leadership Competency Framework*

##### [Medical leadership: why it's important, what is required, and how we develop it](#)

*A review article about why medical leadership is important and how to develop it, including mentoring, coaching, action learning, and networking (Warren & Carnall, 2010).*

##### [The Leadership Challenge](#)

*This bestselling book on leadership has been in print for 20 years and remains a trusted source for individuals transitioning into leadership roles.*

#### The Physician Leader's Roles and Responsibilities

Many see leadership as the limited activity of managing other people. Arguably, the most important element of leadership is getting ready to lead. Physicians in leadership positions have a responsibility to prepare themselves for the demands of leadership – having an appropriate work-life balance, being self-aware, understanding and preparing for the challenges of new roles. They should seek to consistently improve their communication skills and identify the leadership characteristics that they want to emulate in order to equip him or her for this new role.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Hospital Governance Section 3.1 – Transitioning into a Leadership Role

### LEADERSHIP MODELS

#### Characteristics of Admired Leaders

Effective leaders possess many different personality characteristics. Those that are admired by the people they work with share some commonalities. The following list of characteristics is adapted from [The Leadership Challenge](#):

<input type="checkbox"/> Ambitious	<input type="checkbox"/> Courageous	<input type="checkbox"/> Dependable	<input type="checkbox"/> Imaginative	<input type="checkbox"/> Straightforward
<input type="checkbox"/> Broad-minded	<input type="checkbox"/> Caring	<input type="checkbox"/> Determined	<input type="checkbox"/> Inspiring	<input type="checkbox"/> Supportive
<input type="checkbox"/> Caring	<input type="checkbox"/> Competent	<input type="checkbox"/> Fair-minded	<input type="checkbox"/> Intelligent	
<input type="checkbox"/> Competent	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Forward looking	<input type="checkbox"/> Loyal	
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Courageous	<input type="checkbox"/> Honest	<input type="checkbox"/> Mature	

Building on this list of qualities, below are five practices of exemplary leadership that managers can seek to emulate:

1. *Model the Way*: model behaviour you expect to see in others.
2. *Inspire a Shared Vision*: develop a positive and compelling vision of the future and communicate it frequently.
3. *Challenge the process*: Leave the status quo by trying something new and fostering innovation.
4. *Enable Others to Act*: collaborate often and focus on building trusting working relationships.
5. *Encourage the Heart*: offer genuine caring and appreciation.

A personal assessment tool adapted to health professionals from the practices above has been developed by the Winnipeg Regional Health Authority, and can be accessed [here](#).

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Hospital Governance

### Section 3.1 – Transitioning into a Leadership Role

#### Developing Leadership Skills

Physician leaders may wish to speak with their hospital human resources (HR) departments to see what leadership competencies have been adopted and what leadership development resources and programs are available to them. By way of example, the following five learning methodologies can be used in a hospital setting to help make physicians better leaders. Leaders may choose to use one or more of these approaches in order to strengthen those areas ([Warren & Carnall, 2010](#)):

##### 1. *Mentoring*

Clinical mentoring in medicine has traditionally been an informal process in the medical profession. However, for mentoring to be used as a leadership development tool for doctors, a more formalized process to establish mentorship pairings may be required; both between medical and non-medical leaders. Physicians in new leadership roles should seek mentors to guide them as they develop as leaders, both in and out of the hospital.

##### 2. *Coaching*

Unlike the mentoring relationship, coaching is aimed at performance enhancement in a specific area; it is goal-oriented and can be a short-term process. In a coaching relationship, the coach often takes control of the process. New physician leaders should work to identify key areas of need in their new roles, and seek formal coaching from internal or external providers in those specific areas.

##### 3. *Action learning*

Action learning occurs during real life projects and cases, and through observing and working with others in the work place. New leaders have the opportunity to gain insight and skills in a safe and facilitated environment. Action learning is often most effective in small groups with similar purpose or interests, accompanied by an experienced facilitator. New leaders should seek opportunities for on-the-job action learning as they transition into their new role.

##### 4. *Networking*

New physician leaders should look to grow their network with both peers and senior leaders through formal channels (e.g. national groups or societies), or informal channels (e.g. interacting with others who share similar issues). Peer networks can provide support, learning, and encouragement as one takes on new challenges. Networks consisting of other senior leaders may provide opportunities to contribute and be involved in decision-making, effectively building a new leader's profile and establishing a number of advocates who can speak on their behalf.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Hospital Governance

### Section 3.1 – Transitioning into a Leadership Role

#### 5. *Experiential learning*

Experiential learning forces individuals to work outside their comfort zones and learn new skills through ‘stretch assignments’ often outside their clinical expertise. These can take the form of new jobs, secondments to other organizations, or filling new roles internally, and is often separate from clinical work. By contrasting strongly held methods and beliefs, experiential learning helps to bring attention to different ways of solving problems. New physician leaders should seek opportunities for experiential learning once they become comfortable in their new roles.

#### **Additional Resources to Consult**

##### [OHA Leadership Competencies](#)

The OHA has a variety of resource materials that provide further information on leadership competencies and talent management. These resources include assessment questionnaires, individual development plans, competency implementation guides, among many others.

##### [Canadian Health Leadership Network](#)

The Canadian Health Leadership Network (CHLNet) is a not-for-profit, value network comprised of over 30 health organizations across the country. CHLNet has worked with its partners to facilitate and broker the development of a pan-Canadian leadership capabilities framework and learning platform: LEADS in a Caring Environment. They also provide leadership tools and recommended curriculum and training.

The LEADS framework identifies five key capabilities in Health Leadership Development: Leading self, Engaging others, Achieving results, Developing coalitions, and System transformation. Further detail and additional resources can be found [here](#).

##### [Key Elements of Clinical Physician Leadership at an Academic Medical Center](#)

This study uncovers the characteristics associated with effective physician leadership at an academic medical centre.

##### [The CanMEDS 2005 Physician Competency Framework](#)

This publication by the Royal College’s Office of Education was created as a resource for all those interested in medical education, physician competence, and quality care

##### [Lessons Learned – Reflections of Canadian Physician Leaders](#)

This book observes physicians who have taken on leadership positions in health care management and change issues, and is intended as a resource for physicians thinking of taking on a leadership role (e.g., department head, chief of staff, health care administrators).

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

---

## Module 3: Hospital Governance

### Section 3.1 – Transitioning into a Leadership Role

#### [The Power of Appreciative Inquiry: A Practical Guide to Positive Change](#)

A 'how-to' book, *The Power of Appreciative Inquiry*, describes a popular approach to organizational change that dramatically improves performance by encouraging people to study, discuss, learn from, and build on what's working, rather than simply trying to fix what's not. Whitney and Trosten-Bloom use examples from many different types of organizations to illustrate Appreciative Inquiry (AI) in action.

#### [Strength Based Leadership](#)

This book provides a study of great leaders, teams, and the reasons why people follow. The book identifies three key elements to becoming a more effective leader: knowing your strengths, getting the right talents on your team, and meeting the four basic needs of those who look to you for leadership. Includes firsthand accounts from leaders, and a personal 'Gallup's StrengthsFinder' test.

HAVE A GREAT  
LEADERSHIP  
QUOTE OR  
RESOURCE TO  
SHARE?  
**Click Here**

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.2 - Self-Awareness Principles and Tools

#### OVERVIEW

In the previous section, admired traits of leaders were identified. Another important character trait of an influential and skillful leader is self-awareness: having an accurate picture of one's own strengths and weaknesses, and managing them appropriately. Self-aware leaders recognize their core values, talents, and passions, and make decisions that align with these values. The following section will help leaders identify their personal character traits across four key elements important to self-awareness: a) personality; b) presence and emotions; c) personal leadership style; and d) perception of others. The principles below are tools for individuals to reflect on while in a leadership role.

#### Key Sources

##### [How self-awareness helps a physician become a leader](#)

*This is a publication on the importance of self-awareness in becoming a leader (Martin, 2012; Clinics in Dermatology Vol. 30, Issue 2 ,Pages 248-250).*

##### [MBTI Manual: A Guide to the Development and Use of the Myers-Briggs Type Indicator](#)

*This is a fully referenced psychology textbook on the Myers Briggs Type Indicator (Consulting Psychologists Press, 3<sup>rd</sup> Edition, 1998).*

##### [Nonverbal Communication: Information conveyed through the use of body language](#)

*This article is intended to help individuals understand the role non-verbal communication plays in others' perceptions of an individual's competence, power, and vulnerability (Dunn, 2004; Missouri Western State University).*

##### [Primal Leadership: Realizing the Power of Emotional Intelligence](#)

*Drawing from decades of research within world-class organizations, the authors show that great leaders excel not just through skill and smarts, but by connecting with others using Emotional Intelligence competencies like empathy and self-awareness (Goleman, Boyatzis, & McKee, 2002; Harvard Business Press, 1<sup>st</sup> Edition).*

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.2 - Self-Awareness Principles and Tools

#### SELF-AWARENESS PRINCIPLES

1. Personality type, and what it means for personal strengths, weaknesses, and values.
2. Non-verbal communication style, and how it affects presence and emotions.
3. Personal leadership style, and how it affects the way a person manages others.

Beyond these diagnostic self-awareness tools, growing as a leader depends on effectively exchanging feedback with superiors, peers, and team members. Suggestions are provided to help leaders effectively encourage and receive feedback.

HAVE A GREAT  
LEADERSHIP  
QUOTE OR  
RESOURCE TO  
SHARE?  
[Click Here](#)

#### LEADERSHIP QUOTE

“Discovering my innate personality traits and communication style was transformational for me as a leader. I finally understood all the people and processes that used to drive me crazy. Better yet, I learned how they complement my style to produce a better outcome on group efforts.”

Dr. Nancy Merrow  
*Chief of Staff, Southlake Regional Health Centre*

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.2 - Self-Awareness Principles and Tools

#### SELF-AWARENESS TOOLS

##### (a) Understanding Personality Type

###### LEADERSHIP QUOTE

“I always believed that an effective physician leader was one who “knew himself”. That knowledge allows the leader to best utilize his strengths while surrounding himself with people that compensate for his weaknesses.”

Dr. Bob Lester  
Former Executive Vice-President  
Medical & Academic Affairs &  
Chief Medical Executive,  
Sunnybrook Health Sciences Centre

HAVE A GREAT  
LEADERSHIP  
QUOTE OR  
RESOURCE TO  
SHARE?  
[Click Here](#)

#### 1. Myers-Briggs Type Indicator (MBTI)

The [MBTI](#) became the standard for personality assessments in the 1950s, and continues to be one of the most widely used tools today. The MBTI provides insight on why individuals view the world in a certain way, and why others may have alternative views or opinions based on their own personality traits. It has applications in leadership, teamwork, managing self, and managing others.

#### 2. Emotional Intelligence (EQ)

Those with high “EQ” can recognize, evaluate, and regulate his/her emotions and those of others. EQ comes to some naturally, but the skill can be developed. Developing EQ (emotional intelligence) can enhance leadership ability, enrich relationships, and extend influence. It is made up of four core skills:

- Self-Awareness
- Self-Management
- Social Awareness
- Relationship Management

Unlike personality, emotional intelligence can be developed by training your brain to effectively communicate between its rational and emotional centres. A model for testing aspects of emotional intelligence can be found in Appendix 1.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.2 - Self-Awareness Principles and Tools

#### LEADERSHIP QUOTE

“Key characteristics of successful physician leaders:

- Trustworthy and fair
- Demonstrated clinical and academic expertise
- Value team relationships and avoid blaming
- Passionate and energetic
- Strong mentorship skills
- Systems thinker
- Emotional intelligence skills”

Dr. Keith Rose

*Executive Vice President and Chief Medical Executive  
Sunnybrook Health Sciences Centre*

#### *(b) Understanding Presence & Emotions*

There are three different styles of non-verbal behaviour that influence the way individuals outwardly express emotion, and in turn, how they are perceived by others in communication. Understanding personal style can help individuals understand why they might clash with one another, and how they can adapt their approach to find common ground.

#### **1. Passive / Passive Aggressive**

- Behaviour in this style can be defined by:
- Keeping quiet
- Not saying what you feel, need or want
- Frequently putting yourself down
- Apologizing when you express yourself
- Denying that you disagree with others or feel differently
- Omitting personal responsibility for actions.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.2 - Self-Awareness Principles and Tools

*A passive style may be useful when a decision needs to be made incorporating the opinions of all parties; a collaborative style of communication.*

#### 2. Aggressive

- Behaviour in this style can be defined by:
- Expressing your feelings and wants as though any other view is unreasonable or stupid
- Dismissing, ignoring or insulting the needs, wants and opinions of others.

*A more aggressive style may be necessary when a decision needs to be made quickly, without input from many people.*

#### 3. Assertive

- Behaviour in this style can be defined by:
- Expressing your needs, wants and feelings directly and honestly.
- Not assuming you are correct or that everyone will feel similarly.
- Allowing others to hold other views without dismissing or insulting them.

An assertive style has been proven to be most effective for frequent communication, maintaining a balance between efficient decision making and managing the emotions and expectations of all parties.

Refer to Appendix 2 for a test from [The Sage Handbook of Nonverbal Communication](#) to help understand personal style of nonverbal behavior.

Ultimately, the keys to communicating effectively amongst these different styles are understanding and flexibility. Understanding these different styles will lead to more awareness for how your style might come across to others, and how this could impact the conversation. The next step is becoming more flexible in how you approach communication. If you think a certain style may be causing tension in communication, you may want to consider taking a different approach with that individual or group.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.2 - Self-Awareness Principles and Tools

#### (c) Understanding Personal Leadership Styles

Researchers have identified six key distinct leadership styles that incorporate various degrees of leadership attributes ([Goleman, Boyatzis, & McKee, 2002](#)). As a leader, physicians may identify more closely with one of the styles -- their 'default' personal style. Highly effective leaders tend to act according to their default style, but can switch fluidly between them depending on what is most effective for the situation or team. The table below can be used to identify the style individuals identify most closely with.

Style	Characteristics
Visionary	<ul style="list-style-type: none"><li>• Strongly positive, moves people towards shared dreams.</li><li>• Appropriate when clear direction is needed or changes require a new vision.</li></ul>
Coaching	<ul style="list-style-type: none"><li>• Highly positive, connecting individual desires with the firm's goals.</li><li>• Appropriate when employees need to improve performance by building skills.</li></ul>
Affiliative	<ul style="list-style-type: none"><li>• Positive, creating harmony by connecting people to each other.</li><li>• Appropriate to heal rifts in team, motivate at stressful times and strengthen connections.</li></ul>
Democratic	<ul style="list-style-type: none"><li>• Positive, values people's input and gets commitment through participation.</li><li>• Appropriate when building buy-in or consensus or to get valuable input.</li></ul>
Commanding	<ul style="list-style-type: none"><li>• Can be negative (and misused), soothes fears by giving clear direction in a crisis.</li><li>• Appropriate in a crisis, to kick-start a turnaround or dealing with problem employees.</li></ul>
Pacesetting	<ul style="list-style-type: none"><li>• Can be negative (and is often poorly executed), meets challenging and exciting goals.</li><li>• Appropriate for achieving high-quality results from a motivated and competent team.</li></ul>

Each of these leadership styles can have different results in team settings. View Appendix 3 for more detail on the competencies of leaders who default to each style, and how the style can affect team results.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.2 - Self-Awareness Principles and Tools

#### LEADERSHIP QUOTE

“The X factor of GREAT leadership is humility...Great leaders aspire to be the dumbest person in the room.”

Jim Collins  
Author, *From Good to Great*

HAVE A GREAT  
LEADERSHIP  
QUOTE OR  
RESOURCE TO  
SHARE?  
[Click Here](#)

#### *(d) Understanding Perception of You (encouraging and receiving feedback)*

Encouraging and receiving feedback is rarely second nature for most people. Even though listening is a core skill of the physician, open discussion on the behaviour of the physician does not always occur within hospitals. The ‘no news is good news’ mentality, coupled with the expectation of perfection, can make it that much harder to receive meaningful feedback.

Understanding how we are viewed by others is extremely important for leadership effectiveness. Feedback can come from many sources: patients, staff, administrators, colleagues, students, even friends and family. Creating an environment where feedback is safe and encouraged can be difficult to accomplish, but vital for achieving the necessary self-awareness required for growth. In order to create this environment, feedback needs to be actively solicited by those in leadership positions. It is likely that some feedback will be perceived as negative, and the physician needs to be prepared to assure the sender that their feedback is welcome and will result in improved outcomes. A strong effort must then be made to demonstrate that progress has been made in identified areas of weakness.

The following skills for coping with negative feedback are identified in [The Assertiveness Workbook: How to Express Your Ideas and Stand Up for Yourself at Work and in Relationships](#) (Paterson, 2000):

Seek understanding:

- Avoid retaliation
- Listen and wait
- Ask for clarification
- Express your understanding of the issue

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.2 - Self-Awareness Principles and Tools

Provide your response:

- Validate their perception
- Validate their emotions
- Use descriptive language
- Agree in part
- Explain without offering excuses
- Do not try to change their mind
- Maintain focus on the issue at hand

#### LEADERSHIP QUOTE

““Most physicians have limited background in reflective practice. In leadership and other relationships, self reflection is an essential tool. I call it “Is it me?” time.”

Dr. Nancy Merrow  
*Chief of Staff, Southlake Regional Health Centre*

HAVE A GREAT  
LEADERSHIP  
QUOTE OR  
RESOURCE TO  
SHARE?  
[Click Here](#)

Effective leaders correct their ‘fatal weaknesses’, while remembering to capitalize on their strengths. They turn constructive feedback into action by:

- Creating personal action plans based on their key strengths and development areas.
- Aligning resources to support their development (human and organizational).
- Communicating these action plans to peers and team members.
- Remaining accountable to them by setting measurable goals and reporting on progress on a quarterly or semi-annual basis.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

---

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.2 - Self-Awareness Principles and Tools

#### Additional Resources to Consult

[\*The Assertiveness Workbook: How to Express Your Ideas and Stand Up for Yourself at Work and in Relationships\* \(Paterson, 2000\)](#)

*This is a workbook containing effective, cognitive behavioural techniques to help leaders become more assertive.*

[\*Strengths-Based Leadership\*](#)

*This book identifies three keys to being a more effective leader: knowing your strengths, getting the right talents on your team, and meeting four basic needs of those whom you lead. Readers are also provided with the ‘Gallup’s StrengthsFinder’ personal leadership assessment.*

[\*The Inner Life of Physicians and Care of the Seriously Ill\* \(Meier, Back, & Morrison, 2001\)](#)

*This is a model for increasing physician self-awareness, and identifying and working with emotions that may affect patient care.*

[\*Introduction to Type and Emotional Intelligence\* \(Pearman, 2002\)](#)

*This booklet explores the connections between personality and EQ (emotional intelligence), and provides specific actions for EQ development for each of the 16 types.*

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.3 - Wellness and Work-Life Balance

#### OVERVIEW

To be an effective leader, one needs to be healthy, motivated and focused, all of which depend on an appropriate work-life balance.

Maintaining a healthy work-life balance is one of the many factors that contribute to health and wellness, and consequently, professional effectiveness. To quote the [www.eworkplacehealth.com](http://www.eworkplacehealth.com) online wellness manual, “The quality and sustainability of our healthcare system in Canada is dependent on you as a healthcare provider. If the system is to remain strong, it is critical that those who provide the services within it are strong and healthy”.

A [study](#) by Frank and Segura (2009) showed that only 57% of physicians agreed they have a good work-life balance, and the average workweek included 49 hours of professional work; considerably more than the average employed Canadian’s 36.4 hour workweek.

Attaining a work-life balance can be especially challenging for physicians. The issues that physicians deal with are significant – it is not easy for one to simply “turn work off.” Even though knowledge of mental health, physical health and nutrition within the physician community is extensive, it can be challenging for physicians to achieve work-life balance individually or to foster it within their teams.

#### Key Sources

**ePhysician Health:** <http://ephysicianhealth.com/>

*The world’s first comprehensive, online physician health and wellness resource is designed to help physicians and residents become resilient in their profession and personal lives, created and developed by Canadian health leaders.*

**eWorkplace Health:** <http://eworkplacehealth.com/>

*An ecurriculum on Workplace Health, this resource is designed to increase practical awareness and understanding of the many factors that influence health at work, , which was created and developed by Canadian health leaders.*

**OMA Physician Health Program:** <http://www.phpoma.org/>

*The Physician Health Program and the Professionals Health Program of the Ontario Medical Association serves the needs of physicians, pharmacists and veterinarians at risk of, or suffering from substance use disorders, and/or psychiatric disorders through prompt intervention, referral to treatment, monitoring and advocacy, as well as education.*

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.3 - Wellness and Work-Life Balance

#### KEY ISSUES AFFECTING HEALTH AND MORALE

The following section provides an overview of relevant issues affecting health and morale of physician leaders, and in the physicians they lead.

#### 1. Weight, nutrition, and fitness

Many medical practitioners lead busy lives and many struggle to maintain a healthy lifestyle: a combination of healthy weight, nutrition, and fitness.

- Assessing your 'Best Weight' (whatever weight you reach living the healthiest lifestyle you actually enjoy) is a helpful benchmark for personal weight goals.
- The [Healthy Eating Pyramid](#) provides a good overview of the healthiest foods.
- The best exercise for weight control is the one enjoyed the most, since it will be most likely maintained during challenging and busy periods.
- For some, being accountable to one's self is the hardest part – free online tools like <http://www.myfitnesspal.com/> or <http://www.livestrong.com/> can help you reasonable goals, track progress and encourage accountability.

#### 2. Work-life balance

Work-life balance generally translates to satisfaction with one's entire life, professionally and personally. Work-life balance is highly personal, and encourages individuals to fill their lives with the resources, time, and energy that aligns with their personal goals. A lack of work-life balance often leads to depression, poor work performance, family discord, and burnout (discussed in the next section). It is important to note that there will always need to be compromise; however, with careful planning, self-reflection, and self-awareness, personal fulfillment can be greatly optimized.

The following are steps physicians can take to help achieve greater balance in their lives ([Berry, 2010](#)):

- Take time to assess your values and priorities periodically. Some people do this each year on New Year's Day, or on their birthdays. When you think about what you want your life to look like, accept the fact that you are going to have to make some tough decisions to find balance and meet your personal and professional goals.
- Try to avoid a cycle of constant "delayed gratification" by thinking "I'll finally be happy when ..." or "I can finally slow down when ..."
- Take short breaks -- anywhere from 1 to 5 minutes a day -- to breathe or stretch between patients. Studies show short breaks actually improve productivity, so you'll more than make up for the time you lose by pausing for a moment.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.3 - Wellness and Work-Life Balance

- When "perfect" balance is unattainable -- for example at exam time, a busy rotation or before a deadline -- make caring for yourself a priority by designating time for sleep, exercise and relaxation.
- Visit your own physician to make sure you are taking care of your own health.
- Talk to a friend or a counselor if you feel powerless to change a situation making you unhappy.
- Find a mentor or role model who can give advice on career development, time management and setting priorities.
- Carefully assess the daily routine at your office in collaboration with support staff to find ways to save time and energy. A well-run practice can mean a shorter work day, more satisfied employees, improved revenue and happier patients.
- Perhaps you are working too hard and not "working smart." Are you spending time on administrative tasks that you could outsource, or hire someone to do while you see patients? Could you eliminate commute time and stress by working on paperwork at home with a remote computer system?
- Ask yourself whether you could be missing the big picture. Is your practice ideally located to attract patients, or are you spending time and energy on marketing across town? Where else are you spending time that could be eliminated by making one large adjustment?

### 3. Depression, anxiety, and burnout

Depression, anxiety, and burnout are common amongst medical trainees and practitioners. Physician leaders need to be aware of the symptoms and resources available to help themselves or support colleagues and team members in distress. Health leaders with sensitivity and formal training in physician health are more likely to implement wellness programs at work, resulting in lower rates of burnout and better physician health.

#### *Depression*

- Depression can be caused by excessive stress, genetic vulnerability, physical health problems, medications and/or substance abuse, or combinations of many events, and there is often a considerable overlap between anxiety and depressive conditions.
- Medical students and physicians are strongly urged not to self-diagnose depression; it is recommended to seek a formal diagnosis assessment with a mental health professional.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.3 - Wellness and Work-Life Balance

#### *Burnout*

- Burnout is a work-related syndrome characterized by emotional exhaustion, depersonalization, and diminished feelings of professional success. The most effective reduction strategy is education on how to cope with stress.
- Burnout can be especially challenging for physicians to address given their motivated personality styles and their commitment to improve patient well-being.

Often, depression, anxiety, and burnout are a result of stress. Stress not only impacts a person's individual work behaviour, but also the broader work environment. Sometimes individuals approach leaders or peers to communicate their personal or work-related difficulties, but more frequently, stress can be observed through behaviour and non-verbal communication. The following signs provide a reference guide for leaders and peers on early indicators of stress:

- Increased absenteeism
- Altered performance
- Changes in attitude, mood, or behaviour
- Becoming irritable, volatile, or aggressive
- Conflict with others
- Diminished work relationships
- Tiredness/lethargy/lack of interest
- Difficulty concentrating or making decisions
- Changes in appearance or personal hygiene
- Becoming withdrawn or isolated
- Demonstrating unrealistic standards or expectations for self or others
- Uncharacteristically labile

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.3 - Wellness and Work-Life Balance

Approaching an individual to discuss performance or emotional issues with respect to stress is a challenging task. Taking time to prepare – gathering notes, mentally rehearsing, and consulting HR if necessary and appropriate, are often helpful preliminary steps. It is important to approach the individual at the earliest indication of the issue, while ensuring the conversation is during a suitable time and located in a private setting. Additionally, creating an environment that is comfortable and relaxed will be more conducive to creating solutions together and opportunities for follow-up conversations to assess progress in the future ([Department of Education, Training and Employment, 2012](#)).

Recognizing stress within oneself is often difficult given compromised objectivity. When stressed, seek advice from trusted friends, family, or colleagues. Identify the triggers that are creating stress within personal and/or work life. Assess what solutions are accessible and realistic, and devise a plan to resolve the stress. Superiors should be consulted if necessary. Ultimately, an individual should consider his/her own personal definition of work-life balance and readjust accordingly.

Substance abuse is another potential challenge, sometimes stemming from stress. Like most people, physicians can experience the same situations and factors contributing to substance abuse and addiction including low social support, low self-esteem, family problems, psychological disorders, and stress. Furthermore, physicians have additional risk factors including easy access to controlled substances, contact with individuals who are seriously ill and dying contributing to stress and emotional difficulty, as well as long hours. Colleagues and leaders can identify potential signs of substance abuse through a change in personal relationships and a decrease in community involvement. In addition, since healthcare providers with substance abuse issues typically source their drug supply from the workplace, they often do not show job performance impairments (e.g. frequent absence, arriving late) until the problem is severe ([Council on Drug Abuse, 2009](#)). This means that education and support in the healthcare workplace is very important for identifying individuals struggling with substance abuse early and solving these challenges from the early stages.

Indicators of substance abuse in the healthcare workplace may include evidence of an individual signing out more controlled substances than their co-workers, reporting more medication spills or wastes, excessively administering pain medications to patients, waiting to be alone to open or access narcotics, a defensive nature, or evidence of tampering with medication containers.

Substance abuse among physicians and other healthcare professionals needs to be identified as early as possible because it not only affects the health and well-being of the individual, but also the patients they care for. A supportive atmosphere in which individuals feel confident coming forward with the issue, as well as support for recovered substance abusers in their re-entry to safe professional practice, should be provided.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.3 - Wellness and Work-Life Balance

If any of these issues arise, physician leaders are encouraged to review their hospital policies and consult with their HR departments. Further discussion on this topic is provided in Module 4, under the Bill 168 ([Occupational Health and Safety Amendment Act](#)) section.

#### 4. Tensions between professional and personal boundaries

Healthy boundaries between physicians and their patients facilitate better clinical care and professional behaviour. The CPSO recommends the following strategy for individuals concerned about the risk of crossing a boundary:

- i. Document any inappropriate behaviour on the part of the patient.
- ii. Focus objectively on the patient's needs and best interests.
- iii. Be clear about your own needs and experiences in the relationship, while trying to understand how the patient is experiencing your behaviour.
- iv. Step outside the relationship: try to understand what a neutral observer would see
- v. Encourage patients to take responsibility for their own health; don't impose your knowledge or authority.
- vi. Do not accept inappropriate gifts from patients, and do not imply patients are obligated in some way to repay your help.
- vii. Consider why you are acting in a particular way (i.e., stress, burnout, depression, etc.).
- viii. Discuss with a colleague, while adhering to patient confidentiality).

More detail about this strategy can be accessed from the [CPSO](#).

#### Additional Resources to Consult

##### [CPSO/OHA Guidebook to Managing Disruptive Physician Behaviour](#)

*This guidebook offers useful tools to those working in a variety of educational and healthcare delivery settings for dealing with the behavior of healthcare professionals, physicians in particular, and the impact of behavior on patient outcomes.*

##### [CMA Guide to Physician Health and Well-Being](#)

*This guide provides facts, advice, and resources on physician health issues. (Canadian Medical Association).*

##### [A mental health strategy for physicians in Canada](#)

*This strategy proposes a framework for a multi-year, collaborative endeavour that the CMA will pursue to optimize the mental health of physicians, residents and medical students. (Canadian Medical Association)*

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.3 - Wellness and Work-Life Balance

#### [OMA Physician Health Program \(PHP\)](#)

*The PHP offers supportive services and resources to physicians, residents, medical students, veterinarians, pharmacists, and their families for a wide range of problems including, mental, physical, and spiritual health (e.g., substance abuse or psychiatric disorders).*

#### [Achieving work-life balance: More than just a juggling act](#)

*This article in American Medical News details tips on ‘work-life balance’ and also offers other resources.*

#### [Health professionals and substance abuse](#)

*This document authored by the Council on Drug Abuse, is specifically geared towards substance abuse for those in the healthcare field.*

#### [Canadian Council on Substance Abuse](#)

*This organization is focused on substance abuse. Its website lists a number of addiction treatment services in Canada.*

#### [The Resilient Physician](#)

*This resource provides commentary on effective emotional management for doctors and medical organizations across a number of areas.*

#### [The Healer’s Calling](#)

*This resource addresses how to find meaning in clinical work.*

HAVE A GREAT  
LEADERSHIP  
QUOTE OR  
RESOURCE TO  
SHARE?  
**Click Here**

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.4: Advancing Your Career

#### OVERVIEW

The best leaders are those who make time for consistent, ongoing learning. They are on high-alert for new ideas, insights, and leading practices to improve the way things are done. Leaders capitalize on their strengths, while focusing time and attention on developing their areas of weakness through coaching, training, and mentoring. This section will provide an overview of the many training programs, conferences, accreditations, and associations available to physician leaders in Ontario.

In addition to these training programs, many physicians also choose to obtain advanced degrees (e.g., masters' level) to support their learning and career advancement as physician leaders. See Appendix 4 for an overview of available degree programs.

#### LEADERSHIP TRAINING PROGRAMS AVAILABLE TO PHYSICIANS

##### *Institutes*

##### **[PMI: Physician Management Institute](#)**

PMI is the CMA's leadership development program designed specifically for physicians working in Canada's health care system. They offer conferences and in-person courses across Canada, and also can deliver the program to the workplace. Sample topics include, strategic planning, self-awareness, managing people, negotiation and conflict, and financial management.

##### *Universities*

##### 1. **[Physician Leadership Program](#) (University of Toronto)**

The Physician Leadership Program is a 6-day program over the course of two months, that focuses on developing the knowledge and skills that are required by today's physician leader, with a focus on leadership and management to effect change. Drawing from the latest research and educational practices, the program explores emerging leadership strategies and applies them to the health context.

##### 2. **[Advanced Health Leadership Program](#) (University of Toronto)**

The Advanced Health Leaders Program is targeted at current and potential members of executive teams in the health system. It is focused on the development of the next generation of health leaders. The program seeks to improve understanding and skills in the areas of leadership, the change management, emotional and political intelligence and integrative thinking. There are three five-day modules in the program, that are scheduled two months apart.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.4: Advancing Your Career

#### 3. [Schulich Hospital Leadership and Healthcare Executives: Resilience, Agility, and Presence](#) (York University)

This is a program for C-level executives and senior decision-makers in hospitals and other healthcare delivery settings, designed to develop a deeper personal awareness of leadership styles, skills, and the impact these have on others and organizational initiatives.

#### **Local Associations**

#### 1. [Ontario Hospital Association Physician Leadership Summit](#)

The Physician Leadership Summit is a forum for physician members to provide input on physician leadership issues and learn from colleagues across Ontario and internationally. Promoting a culture in which health professionals engage in a collaborative fashion to enhance the hospital-physician relationship is a key focus of the summit. The conference provides attendees with an opportunity to address hospital-physician related issues, as well as network with colleagues across the province. It is one of the most effective strategies for advancing the professional development of physician leaders.

#### 2. [Physician Leadership Development Program](#)

The OMA, in collaboration with the Canadian Medical Association, established the Physician Leadership Development Program in 2010 to address the ongoing physician leadership needs within the OMA, as well as to create a community of leaders who will influence the transformation of Ontario's healthcare system. The Physician Leadership Development Program is available to OMA members only.

#### 3. [MD Physician Services Canada, Practice Management: the business side of Medicine](#)

This is a continuing medical education resource which can help physicians manage their practice, optimize revenues, decrease expenses, and improve office efficiency. Offerings include seminar events, 60-minute telephone consultations, online Practice Management Curriculum, and CME Cruises/Sea Courses for physicians.

#### 4. [Association of Ontario Health Centres](#)

This organization provides customized educational programmes and workshops for individual organizations on site. Sample topics include, the Community Health Centre (CHC) Model of Care, Governance Fundamentals, Interprofessional Collaboration, eHealth and Electronic Client Records (ECR) Adoption.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.4: Advancing Your Career

#### **Ontario Hospital Leadership Programs & Institutes**

Many hospitals in Ontario have developed their own leadership curriculum and education for physicians and administrators. For example:

1. [Sunnybrook Leadership Development Institute](#)

For the past six years, Sunnybrook has partnered with the University of Toronto, Rotman School of Management and the Department of Health Policy, Management & Evaluation, and the Schulich Executive Education Centre (SEEC) to form a Middle Leaders Development Program. The program delivers annual programming focused on leadership development for middle and senior leaders.

2. [Ottawa Hospital Leadership Academy](#)

The Ottawa Hospital Leadership Academy, in collaboration with academic partners, provides participants with leadership insight and actionable tools to improve their effectiveness in leading. The academic component of the program is spread over seven months and is coupled with a team-based project tied to actual organizational priorities.

#### **Available Accreditations & Professional Associations**

1. [Canadian Certified Physician Executive \(CCPE\) Program](#)

The CCPE credential is designed to recognize and advance physician leadership and excellence through a national, peer-generated, standards-based assessment process. Physicians awarded the CCPE have demonstrated that they have the leadership capabilities, knowledge and skills needed for successful performance and, more importantly, for directing, influencing and orchestrating change within Canada's complex healthcare system.

2. [Canadian College of Health Leaders](#)

The Canadian College of Health Leaders is a national, member-driven, not-for-profit association dedicated to ensuring that the country's health system benefits from capable, competent and effective leadership. It provides networking opportunities at the local, regional, and national level, annual awards, conferences, and professional development opportunities for physician leaders.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

---

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.4: Advancing Your Career

#### 3. [Canadian Society of Physician Executives](#)

The Canadian Society of Physician Executives provides a support and development network to Canadian physician managers, through networking opportunities, practical tools, and customized professional development programs for physicians pursuing healthcare management activities and/or careers.

#### **Recommended Conferences**

##### 1. [Canadian Conference on Physician Leadership](#)

The Canadian Conference on Physician Leadership provides participants with the opportunity to watch well-known speakers, participate in workshops and face-to-face discussions with colleagues and international experts. Participants will have the chance to practice leadership techniques and identify challenges facing physician leaders. The conference takes place over two days, with the option of participating in pre-conference workshops for the two days prior.

##### 2. [Canadian College of Health Leaders / Canadian Healthcare Association: National Health Leadership Conference](#)

The National Health Leadership Conferences is the largest national gathering of health system decision-makers in Canada including trustees, chief executive officers, directors, managers and department heads, government, education and research institutions, and industry. The 2012 conference focused on ideas, new thinking, and innovation.

#### **Additional sources for Healthcare Conferences & Events in Canada:**

- [Longwoods Publishing Corporation](#)
- [Canadian Healthcare Association](#)
- [PeopleMenders.com](#)
- [Canadian Healthcare Network](#)

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.4: Advancing Your Career

#### RESUME DEVELOPMENT TIPS

There is an important distinction between a resume and curriculum vitae (CV). The CV is a list of vital statistics, including employment, research, education, awards, etc., while an executive resume is a document demonstrating why an applicant's credentials are well-suited for the new role and organization. The following section provides a sample physician leadership resume structure, sample templates, and tips and suggestions for effective resume writing.

#### *Structuring your Resume*

Section 1: Contact Information

Section 2: Professional or Career Objective

Section 3: Career Achievements and/or Qualifications  
(promotions, celebrations, speaking engagements)

Section 4: Relevant Experience

Section 5: Education & Certifications

Section 6: Publications

Section 7: Honors (awards, competitions)

Section 8: References

#### Sample Templates

##### *Tips and Suggestions*

1. Demonstrate professionalism through proper formatting: omit any spelling or grammatical errors, ensure bullets align, ensure consistent underlining and capitalization of titles.
2. Use appropriate action verbs to demonstrate your accomplishments. Begin sentences with action words to capture the reader's attention and demonstrate the impact of your efforts on your work/team/organization. See Appendix 5 for a categorized list of Action Verbs created by the Boston College Career Centre.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Section 3.4: Advancing Your Career

#### *Example*

From: I was the Vice President of Development responsible for a team of 10

To: Managed a team of 10 highly-motivated individuals as the Vice President of Development

3. When outlining experiences, try to avoid presenting them as a simple list of your roles; rather, focus on the specific challenges faced /were tasked with, what actions were taken to overcome those challenges, and the results of your efforts (the CAR format):
  - Challenge: Demonstrate the specific challenge you were tasked to complete in your role.
  - Action/Accomplishment: Identify the action(s) you took to meet that challenge.
  - Result: Communicate the results of your actions. This can be measureable success – number of staff receiving promotions – or more qualitative -positive feedback from stakeholders, etc.)
4. Use your experiences to demonstrate specific skills relevant to the organization. Consider making a list of the 3-5 key skills being sought, and ensure that these skills are demonstrated through your highlighted experiences.
5. Avoid vague language. Terms like ‘various’ and ‘numerous’ dilute the impact of your communication. Wherever possible, be specific and precise about your experiences and quantify your outcomes.
6. Consider the reader of your resume, and ask yourself: what are the specific problems that I can solve for this reader? Ensure that your resume demonstrates an understanding of the organizational need.

#### **Additional Resources to Consult**

##### [Health Force Ontario ‘Practice U’ Physician Resources](#)

*This resource provides helpful links related to physician careers and employment, ministry programs, compensation, etc. and CV templates for physicians.*

##### [Canadian Medical Association Knowledge for Practice \(K4P\)](#)

Knowledge for Practice (K4P) currently delivers clinical resources, including point-of-care tools, e-books and e-journals, as well as accredited online learning for CMA members

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

#### APPENDIX 1

##### *My Style of Nonverbal Behaviour*

This quick self-test from the [The Sage Handbook of Nonverbal Communication](#) can be used to gain greater self awareness when engaging with other individuals. This test is included as a sample only – some hospital HR departments may have similar self-assessment tools already in place for their staff and physicians.

Ask yourself, how do others perceive my actions? And more importantly, how do I wish to be perceived? If there are gaps, based on the test below, build awareness about your actions as a first step to resolution.

The main aspects of nonverbal behaviour for each style are outlined in the following pages. Descriptions are given for each style.

1. Place a checkmark beside the description that fits your style the best.
2. For each aspect, identify how you usually behave when you are in a situation involving mild conflict (e.g., returning an undercooked meal in a restaurant, or giving your opinion when others disagree).

##### ■ **Posture**

- Assertive: An upright posture with the shoulders back.*
- Passive: The body hunched, as though you want to make yourself smaller than you really are.*
- Aggressive: The posture may be large and threatening or crouched as though you are a tiger ready to pounce.*

##### ■ **Movements and Gestures**

- Assertive: Movements are usually relaxed and fluid and there is little muscle tension.*
- Passive: This varies from person to person. Some people gesture little, looking depressed and lethargic while others make quick but unfocused gestures such as fidgeting. Some people shrug their shoulders and make helpless gestures with their hands.*
- Aggressive: The body tension associated with this style is revealed by physical gestures which are rapid and sharp. This includes pointing with an index finger or a karate-like chop.*

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

#### ■ **Physical Distance**

- ❑ *Assertive: People using the assertive style during conflict usually maintain their normal conversational distance.*
- ❑ *Passive: The interpersonal distance is usually greater than normal, combined with turned-away body posture. This makes passive individuals look as if they want to escape from the interaction.*
- ❑ *Aggressive: The interpersonal distance is often closer than usual, invading the other person's space.*

#### ■ **Eye Contact**

- ❑ *Assertive: Eye contact is frequent but broken by occasional horizontal glances away.*
- ❑ *Passive: Eye contact is usually avoided. The eyes tend to be cast downward. When eye contact is made, it's usually done by looking up rather than by lifting the head.*
- ❑ *Aggressive: Eye contact is usually direct and fixed. Considerable muscle tension is usually held around the eyes, resulting in a squinting or glaring look.*

#### ■ **Facial Expression**

- ❑ *Assertive: The face generally communicates openness via direct gaze, a calm expression and little muscle tension.*
- ❑ *Passive: The expression is often anxious or apologetic. Considerable tension is likely to be evident. The person may be flush, smiling nervously or laughing inappropriately.*
- ❑ *Aggressive: The face generally holds significant muscle tension, often most noticeably in the jaw. The expression tends to be fixed and is often recognizably angry.*

#### ■ **Physical Contact**

- ❑ *Assertive: The individual will generally touch the other person no more or less than is usual for them in other situations.*
- ❑ *Passive: Touching is usually minimal because passive people retreat into themselves.*
- ❑ *Aggressive: If touching is present it tends to be firm and jabbing.*

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics - Knowing and Managing Yourself

### Appendices

#### ■ **Fluency**

- Assertive: The flow of words is even and conversational without rushing or hesitating.*
- Passive: There can be considerable hesitation caused by stress and a search for words that will satisfy the person.*
- Aggressive: The pace of speech may be slower than usual (through gritted teeth) or faster with increased volume and sharp gestures. Some people become less fluent when angry in a sputtering rage.*

#### ■ **Physical Appearance**

- Assertive: The assertive person is able to adapt their clothing, hair, glasses tidiness and so on to the situation. They are conscious of the impact their appearance has on people.*
- Passive: Appearance is designed to help the person blend with the group.*
- Aggressive: Appearance may be used to deliberately intimidate others or to communicate power. Some rebel against expectations, choosing styles that provoke people.*

1. Go over each of the categories for nonverbal behavior
2. Total the number of checkmarks you placed beside each communication style
3. Enter them below

\_\_\_ **Assertive**

\_\_\_ **Passive**

\_\_\_ **Aggressive**

- If the majority of your checkmarks fall in the passive or aggressive categories, then your nonverbal communication style could use some attention.
- If this is the case, review the categories again. Which of the categories of nonverbal behaviour (ie., posture, vocal tone, appearance) causes you the most trouble when you are trying to be assertive?
- As you practice assertive nonverbal behaviour, it may be important for you to pay particular attention to this one aspect of your style

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

## APPENDIX 2

### Personal EQ Test

This self-test from the [Hay Group](#) can also be used to gain greater self-awareness when engaging with other individuals. This test is included as a sample only – some hospital HR departments may have similar self-assessment tools already in place for their staff and physicians.

This is a high level assessment of emotional intelligence – the ability to identify, assess, and control one’s emotions, and those of others.

1. Complete the survey by checking the box next to the statement that most accurately reflects how you would behave in the given situation.
2. Please do this test independently.
3. Compute your score using the answer key provided.

**1. You are on an airplane that suddenly hits extremely bad turbulence and begins rocking from side to side. What do you do?**

- [A] Continue to read your book or magazine, or watch the movie, trying to pay little attention to the turbulence.
- [B] Become vigilant for an emergency, carefully monitoring the stewardesses and reading the emergency instructions card.
- [C] A little of both a and b.
- [D] Not sure - never noticed.

**2. You are in a meeting when a colleague takes credit for work that you have done. What do you do?**

- [A] Immediately and publicly confront the colleague over the ownership of your work.
- [B] After the meeting, take the colleague aside and tell her that you would appreciate in the future that she credits you when speaking about your work.
- [C] Nothing, it's not a good idea to embarrass colleagues in public.
- [D] After the colleague speaks, publicly thank her for referencing your work and give the group more specific detail about what you were trying to accomplish.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

- 3. You are a customer service representative and have just gotten an extremely angry client on the phone. What do you do?**

  - [A] Hang-up. It doesn't pay to take abuse from anyone.*
  - [B] Listen to the client and rephrase what you gather he is feeling.*
  - [C] Explain to the client that he is being unfair, that you are only trying to do your job, and you would appreciate it if he wouldn't get in the way of this.*
  - [D] Tell the client you understand how frustrating this must be for him, and offer a specific thing you can do to help him get his problem resolved.*
  
- 4. You are a college student who had hoped to get an A in a course that was important for your future career aspirations. You have just found out you got a C- on the midterm. What do you do?**

  - [A] Sketch out a specific plan for ways to improve your grade and resolve to follow through.*
  - [B] Decide you do not have what it takes to make it in that career.*
  - [C] Tell yourself it really doesn't matter how well you do in the course, concentrate instead on other classes where your grades are higher.*
  - [D] Go see the professor and try to talk her into giving you a better grade.*
  
- 5. You are a manager in an organization that is trying to encourage respect for racial and ethnic diversity. You overhear someone telling a racist joke. What do you do?**

  - [A] Ignore it - the best way to deal with these things is not to react.*
  - [B] Call the person into your office and explain that their behavior is inappropriate and is grounds for disciplinary action if repeated.*
  - [C] Speak up on the spot, saying that such jokes are inappropriate and will not be tolerated in your organization.*
  - [D] Suggest to the person telling the joke he go through a diversity training program.*
  
- 6. You are an insurance salesman calling on prospective clients. You have left the last 15 clients empty-handed. What do you do?**

  - [A] Call it a day and go home early to miss rush-hour traffic.*
  - [B] Try something new in the next call, and keep plugging away.*

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

- [C] *List your strengths and weaknesses to identify what may be undermining your ability to sell.*
- [D] *Sharpen up your resume.*
- 7. You are trying to calm down a colleague who has worked herself into a fury because the driver of another car has cut dangerously close in front of her. What do you do?**
- [A] *Tell her to forget about it-she's OK now and it is no big deal.*
- [B] *Put on one of her favorite tapes and try to distract her.*
- [C] *Join her in criticizing the other driver.*
- [D] *Tell her about a time something like this happened to you, and how angry you felt, until you saw the other driver was on the way to the hospital.*
- 8. A discussion between you and your partner has escalated into a shouting match. You are both upset and in the heat of the argument, start making personal attacks which neither of you really mean. What is the best thing to do?**
- [A] *Agree to take a 20-minute break before continuing the discussion.*
- [B] *Go silent, regardless of what your partner says.*
- [C] *Say you are sorry, and ask your partner to apologize too.*
- [D] *Stop for a moment, collect your thoughts, then restate your side of the case as precisely as possible.*
- 9. You have been given the task of managing a team that has been unable to come up with a creative solution to a work problem. What is the first thing that you do?**
- [A] *Draw up an agenda, call a meeting and allot a specific period of time to discuss each item.*
- [B] *Organize an off-site meeting aimed specifically at encouraging the team to get to know each other better.*
- [C] *Begin by asking each person individually for ideas about how to solve the problem.*
- [D] *Start out with a brainstorming session, encouraging each person to say whatever comes to mind, no matter how wild.*

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

**10. You have recently been assigned a young manager in your team, and have noticed that he appears to be unable to make the simplest of decisions without seeking advice from you. What do you do?**

- [A] *Accept that he "does not have what it take to succeed around here" and find others in your team to take on his tasks.*
- [B] *Get an HR manager to talk to him about where he sees his future in the organization.*
- [C] *Purposely give him lots of complex decisions to make so that he will become more confident in the role.*
- [D] *Engineer an ongoing series of challenging but manageable experiences for him, and make yourself available to act as his mentor.*

**Scorecard:**

### ANSWER KEY

The questionnaire you just completed is by no means an exhaustive measure of your Emotional Intelligence, both because of its length and the fact that it is self-scoring.

**100 -- Maximum Score**

**75**

**50**

**Your Score: \_\_\_\_\_**

**25**

**0 -- Minimum Score**

### 1. The turbulent airplane:

Anything but D - that answer reflects a lack of awareness of your habitual responses under stress. Actively acknowledging your stress and finding ways to calm yourself (i.e. engage in a book or read the emergency card) are healthier responses.

- [A] 10 Points - Continue to read your book or magazine, or watch the movie, trying to pay little attention to the turbulence.
- [B] 10 Points - Become vigilant for an emergency, carefully monitoring the stewardesses and reading the emergency instructions card.
- [C] 10 Points - A little of both A and B.
- [D] 0 Points - Not sure - never noticed.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

#### 2. The credit stealing colleague:

The most emotionally intelligent answer is D. By demonstrating an awareness of work-place dynamics, and an ability to control your emotional responses, publicly recognizing your own accomplishments in a non-threatening manner, will disarm your colleague and puts you in a better light with your manager and peers. Public confrontations can be ineffective, are likely to cause your colleague to become defensive, and may look like poor sportsmanship on your part. Although less threatening, private confrontations are also less effective in that they will not help your personal reputation.

- [A] 0 Points - Immediately and publicly confront the colleague over the ownership of your work.
- [B] 5 Points - After the meeting, take the colleague aside and tell her that you would appreciate in the future that she credits you when speaking about your work.
- [C] 0 Points - Nothing, it's not a good idea to embarrass colleagues in public.
- [D] 10 Points - After the colleague speaks, publicly thank her for referencing your work and give the group more specific detail about what you were trying to accomplish.

#### 3. The angry client:

The most emotionally intelligent answer is D. Empathizing with the customer will help calm him down and focusing back on a solution will ultimately help the customer attain his needs. Confronting a customer or becoming defensive tends to anger the customer even more.

- [A] 0 Points - Hang-up. It doesn't pay to take abuse from anyone.
- [B] 5 Points - Listen to the client and rephrase what you gather he is feeling.
- [C] 0 Points - Explain to the client that he is being unfair, that you are only trying to do your job, and you would appreciate it if he wouldn't get in the way of this.
- [D] 10 Points - Tell the client you understand how frustrating this must be for him, and offer a specific thing you can do to help him get his problem resolved.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

#### 4. The 'C' Midterm:

The most emotionally intelligent answer is A. A key indicator of self motivation, also known as Achievement motivation, is your ability to form a plan for overcoming obstacles to achieve long-term goals. While focusing efforts on classes where you have a better opportunity may sometimes be productive, if the goal was to learn the content of the course to help your long-term career objectives, you are unlikely to achieve.

- [A] 10 Points - Sketch out a specific plan for ways to improve your grade and resolve to follow through.
- [B] 0 Points - Decide you do not have what it takes to make it in that career.
- [C] 5 Points - Tell yourself it really doesn't matter how much you do in the course, concentrate instead on other classes where your grades are higher.
- [D] 0 Points - Go see the professor and try to talk her into giving you a better grade.

#### 5. The racist joke:

The most emotionally intelligent answer is C. The most effective way to create an atmosphere that welcomes diversity is to make clear in public that the social norms of your organization do not tolerate such expressions. Confronting the behavior privately lets the individual know the behavior is unacceptable, but does not communicate it to the team. Instead of trying to change prejudices (a much harder task), keep people from acting on them.

- [A] 0 Points - Ignore it - the best way to deal with these things is not to react.
- [B] 5 Points - Call the person into your office and explain that their behavior is inappropriate and is grounds for disciplinary action if repeated.
- [C] 10 Points - Speak up on the spot, saying that such jokes are inappropriate and will not be tolerated in your organization.
- [D] 5 Points - Suggest to the person telling the joke he go through a diversity training program.

#### 6. The setback of a salesman:

The most emotionally intelligent answer is B. Optimism and taking the initiative, both indicators of emotional intelligence, lead people to see setbacks as challenges they can learn from, and to persist, trying out new approaches rather than giving up, blaming themselves or getting demoralized. Although listing your strengths and weaknesses can be a helpful exercise, without actively plugging away motivation to sell will tend to decrease.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

- [A] 0 Points - Call it a day and go home early to miss rush-hour traffic.
- [B] 10 Points - Try something new in the next call, and keep plugging away.
- [C] 5 Points - List your strengths and weaknesses to identify what may be undermining your ability to sell.
- [D] 0 Points - Sharpen up your resume.

### 7. The road-rage colleague:

The most emotionally intelligent answer is D. All research shows that anger and rage seriously affect one's ability to perform effectively. Daniel Goleman, in his book *WVEI*, coined the phrase "amygdala hijacking" to describe the process of losing one's temper in this kind of situation. Your ability to avoid or control this emotional reaction in yourself and others, is a key indicator of emotional intelligence. In the road rage scenario, any attempt to calm down your colleague by distracting him away from the effects of the amygdala hijack will have a positive impact on the situation and his behavior, particularly if you are able to effectively empathize with him.

- [A] 0 Points - Tell her to forget about it-she's OK now and it is no big deal.
- [B] 0 Points - Put on one of her favorite tapes and try to distract her.
- [C] 5 Points - Join her in criticizing the other driver.
- [D] 10 Points - Tell her about a time something like this happened to you, and how angry you felt, until you saw the other driver was on the way to the hospital.

### 8. The shouting match:

The most emotionally intelligent answer is A. In these circumstances, the most appropriate behavior is to take a 20-minute break. As the argument has intensified, so have the physiological responses in your nervous system, to the point at which it will take at least 20 minutes to clear your body of these emotions of anger and arousal. Any other course of action is likely merely to aggravate an already tense and uncontrolled situation.

- [A] 10 Points - Agree to take a 20-minute break before continuing the discussion.
- [B] 0 Points - Go silent, regardless of what your partner says.
- [C] 0 Points - Say you are sorry, and ask your partner to apologize too.
- [D] 0 Points - Stop for a moment, collect your thoughts, then restate your side of the case as precisely as possible.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

#### 9. The uninspired team:

The most emotionally intelligent answer is B. As a leader of a group of individuals charged with developing a creative solution, your success will depend on the climate that you can create in your project team. Creativity is likely to be stifled by structure and formality; instead, creative groups perform at their peaks when rapport, harmony and comfort levels are most high. In these circumstances, people are most likely to make the most positive contributions to the success of the project.

- [A] 0 Points - Draw up an agenda, call a meeting and allot a specific period of time to discuss each item.
- [B] 10 Points - Organize an off-site meeting aimed specifically at encouraging the team to get to know each other better.
- [C] 0 Points - Begin by asking each person individually for ideas about how to solve the problem.
- [D] 5 Points - Start out with a brainstorming session, encouraging each person to say whatever comes to mind, no matter how wild.

#### 10. The indecisive young manager:

The most emotionally intelligent answer is D. Managing others requires high levels of emotional intelligence, particularly if you are going to be successful in maximizing the performance of your team. Often, this means that you need to tailor your approach to meet the specific needs of the individual, and provide them with support and feedback to help them grow in confidence and capability.

- [A] 0 Points - Accept that he 'does not have what it takes to succeed around here' and find others in your team to take on his tasks.
- [B] 5 Points - Get an HR manager to talk to him about where he sees his future in the organization.
- [C] 0 Points - Purposely give him lots of complex decisions to make so that he will become more confident in the role.
- [D] 10 Points - Engineer an ongoing series of challenging but manageable experiences for him, and make yourself available to act as his mentor.

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

#### APPENDIX 3

##### Leadership Styles

This reference guide from [Primal Leadership: Learning to Lead with Emotional Intelligence](#) can be used to identify leadership styles. It is important to note that preferred leadership styles often do not match with the optimal leadership styles. The below table provides a guide to identifying the strengths and weaknesses of each style so that leaders can adapt according to varying situations.

Style	When to Use	EI Dimensions & Competencies	Team Results
Visionary	<i>The visionary style does not work well in situations where a leader is working with a team that is more experienced than they are or when the vision becomes overbearing</i>	<ul style="list-style-type: none"><li>• Self-confidence</li><li>• Self-awareness</li><li>• Empathy to articulate purpose</li><li>• Transparency (the removal of barriers)</li><li>• Honesty and information sharing</li></ul>	<ul style="list-style-type: none"><li>• Inspired work and clear sense of purpose among team</li><li>• Increased team pride and belonging while working towards a common goal</li><li>• Increased innovation as people experiment and take calculated risks</li><li>• Retention of best talent through resonance of the firm's values, goals and missions</li></ul>

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

Coaching	<i>Coaching works best with people who show initiative and want more professional development. If it is executed poorly, this approach looks more like micromanaging which can undermine someone's self-confidence</i>	<ul style="list-style-type: none"> <li>• Emotional self-awareness creates authenticity</li> <li>• Empathy to listen before reacting</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of long-term development goals and execution plans for employees</li> <li>• Increased motivation from believing that the leader cares</li> <li>• Delegated challenging assignments provide stretch goals</li> <li>• Increased loyalty to the firm because of nourishing development experiences</li> </ul>
Affiliative	<i>The affiliative style should be used in conjunction with another leadership style because the style's focus can allow poor performance to go uncorrected since it rarely offers constructive advice</i>	<ul style="list-style-type: none"> <li>• Collaboration</li> <li>• Empathy</li> <li>• Conflict management</li> </ul>	<ul style="list-style-type: none"> <li>• Heightened team harmony and trust</li> <li>• Increased loyalty and connectedness</li> <li>• Improved communication</li> </ul>
Democratic	<i>Not to be used in times of crisis; a leader who puts off crucial decisions in the hopes of developing a consensual decision, risks confusion and lack of direction</i>	<ul style="list-style-type: none"> <li>• Teamwork and collaboration</li> <li>• Conflict management</li> <li>• Influence</li> <li>• Good listening skills</li> <li>• Empathy</li> </ul>	<ul style="list-style-type: none"> <li>• Team ideas and feedback are considered</li> <li>• Creation of consensus</li> </ul>

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

<p>Commanding: Use with Caution</p>	<p><i>The commanding style holds an important place in the EI leader's repertoire when used judiciously – in times of crisis or when dealing with a problem person</i></p>	<ul style="list-style-type: none"> <li>• Influence</li> <li>• Achievement</li> <li>• Initiative</li> <li>• Self-awareness, emotional self-control and empathy are crucial to using this style to create resonance</li> </ul>	<p>When this style is used poorly</p> <ul style="list-style-type: none"> <li>• Overall team climate decreases</li> <li>• Decrease in client experience and satisfaction as team attitudes decrease</li> <li>• Erosion of the pride and satisfaction in work – the things that motivate high-performers</li> <li>• Decreased commitment and understanding of the collective mission</li> </ul>
<p>Pacesetting: Use with Caution</p>	<p><i>When leaders use the pacesetting style exclusively or poorly they lack not just vision, but also resonance</i></p>	<ul style="list-style-type: none"> <li>• Initiative</li> <li>• Achievement</li> <li>• Empathy</li> <li>• Self-awareness</li> <li>• Collaboration</li> <li>• Emotional self-management</li> </ul>	<p>When this style is used poorly</p> <ul style="list-style-type: none"> <li>• People feel pushed too hard without clear guidelines on how to improve performance</li> <li>• Decreased morale</li> <li>• Feelings of a lack of trust from the leader</li> <li>• Short-term results that are not sustainable in the long-term</li> </ul>

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

#### APPENDIX 4

##### Advanced Degree Programs

Degree Program (Masters and/or PhD)	Description	Examples in Ontario
Health Policy & Public Health Policy	<ul style="list-style-type: none"> <li>- Theory and empirical methods for investigating questions about health policy</li> <li>- Combination of health economics, politics, social studies</li> <li>- <b>Career paths in government, non-profits, private sector</b></li> </ul>	<ul style="list-style-type: none"> <li>- McMaster University</li> <li>- University of Toronto</li> <li>- York University</li> </ul>
Health Administration	<ul style="list-style-type: none"> <li>- Educational and professional foundations for leadership in health care field</li> <li>- <b>Career paths include management of hospitals or health care organizations, provincial or federal ministries, academic health sectors, and private sector</b></li> </ul>	<ul style="list-style-type: none"> <li>- McMaster University</li> <li>- Carleton University</li> <li>- York University</li> <li>- University of Ottawa</li> </ul>
Business Administration (MBA or EMBA)	<ul style="list-style-type: none"> <li>- Offers students an overview of business: accounting, finance, marketing, human resources, operations, management, leadership, etc.</li> <li>- Often one or two year programs with shorter 'executive' offerings'</li> <li>- Accreditation bodies exist to ensure consistency with MBA designation globally</li> <li>- <b>Multitude of career paths in management roles</b></li> </ul>	<ul style="list-style-type: none"> <li>- Richard Ivey School of Business at Western University</li> <li>- Rotman Business School at the University of Toronto</li> <li>- Queen's University</li> </ul>
MBA with Health Focus & Joint MD/MBA Programs	<ul style="list-style-type: none"> <li>- Often a jointly offered program between Faculty of Medicine and Faculty of Business</li> <li>- Joint MD/MBA programs train clinicians for a diverse career from academic medical research to design, management, and evaluation of healthcare delivery systems</li> <li>- <b>Career path examples include</b></li> </ul>	<ul style="list-style-type: none"> <li>- Rotman Business School at the University of Toronto (MBA in Health Sector Management)</li> <li>- Richard Ivey School of Business at Western University (MBA Health Sector stream)</li> <li>- York University Health</li> </ul>

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

	<b>management positions in hospitals, government, medical devices, pharma, insurance, and financial institutions</b>	Industry Management MBA
Masters in Management (MSc)	- Offering an alternative to the MBA; applies research and theory to methods to existing and emerging business practices <b>- Multitude of career paths in management roles</b>	- Richard Ivey School of Business at Western University (MSc in Management)
Health Promotion	- Social science perspective in addressing issues related to health of individuals, communities, and population <b>- Career path examples include government, quasi-government and community health agencies</b>	- University of Toronto (Dalla Lana School of Public Health) - Brock University - University of Waterloo - York University
Health Informatics	- Specialized knowledge in the acquisition and application of research, analysis, and system design; the use of electronic information as a tool for modern healthcare administration <b>- Career path examples include health sector planning and development</b>	- York University - University of Waterloo - McMaster University (Masters in eHealth) - University of Toronto

# PHYSICIAN LEADERSHIP RESOURCE MANUAL

## Module 3: Leadership Basics – Knowing and Managing Yourself

### Appendices

#### APPENDIX 5

##### Action Verbs

The following list of action verbs is adapted from the [Boston College Career Centre](#).

<p><b>Management skills</b></p> <p>administered analyzed assigned attained chaired contracted consolidated coordinated delegated developed directed evaluated executed improved increased organized oversaw planned prioritized produced recommended reviewed scheduled strengthened supervised</p>	<p><b>Communication skills</b></p> <p>addressed arbitrated arranged authored corresponded developed directed drafted edited enlisted formulated influenced interpreted lectured mediated moderated motivated negotiated persuaded promoted publicized reconciled recruited spoke translated wrote</p>	<p><b>Clerical or detailed skills</b></p> <p>approved arranged catalogued classified collected compiled dispatched executed generated implemented inspected monitored operated organized prepared organized prepared processed purchased recorded retrieved screened specified systematized tabulated validated</p>
<p><b>Research skills</b></p> <p>clarified collected critiqued diagnosed evaluated examined extracted identified inspected interpreted interviewed investigated organized reviewed summarized surveyed systematized</p>	<p><b>Technical skills</b></p> <p>assembled built calculated computed designed devised engineered fabricated maintained operated overhauled programmed remodeled repair solved trained upgraded</p>	<p><b>Teaching skills</b></p> <p>adapted advised clarified coached communicated coordinated developed enabled encouraged evaluated explained facilitated guided informed initiated instructed persuaded set goals stimulated</p>
<p><b>Financial skills</b></p> <p>administered allocated analyzed appraised audited balanced budgeted calculated computed developed forecasted managed marketed planned projected researched</p>	<p><b>Creative skills</b></p> <p>acted conceptualized created designed developed directed established fashioned founded illustrated instituted integrated introduced invented originated performed planned revitalized shaped</p>	<p><b>Helping skills</b></p> <p>assessed assisted clarified coached counseled demonstrated diagnosed educated expedited facilitated familiarized guided referred rehabilitated represented</p>