

## Medical Leadership: Formal and Informal

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Medical leadership is conceptualized in two ways. Physicians with formal managerial roles or physicians who act as informal 'leader' in daily practices. In formal leadership role it is interchangeable with the term medical management. Informal leadership is an intrinsic component of physicians' daily work. Here the physicians act as 'leaders' within their clinical role, by organizing clinical work and establishing cross-departmental collaboration. This informal role transcends formal managerial work and thus applies to all physicians. Here all are leaders in their own capacity within their own working arena.

Medical leadership skills and attitudes have traditionally been given less credence than technological or academic ability. Physicians must develop a wide range of leadership knowledge, skills and behaviours during their training if they are to be effective practitioners and leaders within their organization. Cited skills for medical leadership, like many other professions, are communication, empowering others, resolving conflicts, administrative skills, collaborative skills and negotiating, followed by strategic skills, leading change, team skills, ability to carry out a vision, networking and conceptual skills. The attitudes (or traits), the innate personal qualities that medical leaders should possess are motivation, assertiveness, cooperativeness (being a team player), patient centered, integrity, mission and result driven, followed by diplomatic, personable, honest and open, visible, quality driven, innovative, self confident, empathetic, forward thinking and intellect. It is also important to understand the political, economic, social and technological drivers for change that can influence patient care.

Leadership skills have not been prominent in the curricula or the appraisal and assessment systems of medical students and doctors. Doctors must not only be strong academically and clinically but must begin early in their careers to develop a set of knowledge,

skills and behaviours that will enable them to engage and lead in highly complex, rapidly changing environments. It will not occur by accident. It must be the responsibility of every individual doctor, the organization they work in and the system as a whole. Different leadership methodologies are available. Nevertheless, in our set up, it is difficult to follow 'capsulated' schemes in a fast run of events.

Doctors are unhappy with the way they are managed. Demands of current health care system are not subservient to the orientation that doctors were trained for. It's a daunting task to have a balance between management and medicine. It is like walking on a tight rope, where it is required to make a balance between clinical identity and managerial activities. By indulging into this business most of doctors think as if they are deep going into stuff that is not "doctoring". One has to behave like a leader, the management skills are ancillary over others. Leadership challenges status quo, listen a lot, make contact, show how to do, is people centered and have dreams. Manager is for status quo, talks a lot, keeps distance, says what to do, is system centered and has scheme. Leadership is doing the right things, while management is doing thing right. Leadership is name of impossible to happen, management deals with the possible.

Formal leadership role is there, but every doctor is an informal leader in his own self. In the patient management every time, every second they have to take steps, which bestow, upon every doctor, a leadership role. This leadership is above all the worldly leadership as it is destined to serve and save a miserable soul, be it in a cosmopolitan locale or a remote town. A doctor, wherever he makes his appearance, is a leader 'by- default', by virtue of the recipe for darkest hours of our lives, i.e., patient care. Shun away mediocrity. Uphold the moment, but with humility, love and empathy