In medicine, leaders often do not have formal training in how to be a great leader. Unlike much of formal medical training, effective leadership is an acquired skill adapted from trial and error. The skills learned from being a clinical educator or investigator may not directly translate, or translate at all, to becoming a leader in general internal medicine. While medical education has begun to address this issue, clearly medicine could benefit from some business world advice on this issue. With over thirty years of experience working with business leaders, authors from the Harvard Business Review found that leaders often unintentionally held themselves from being exceptional leaders. In this article, they reviewed the five most common barriers to achieving true excellence as a leader.

The first barrier is overemphasizing personal goals. While this barrier can be understandable, since it is necessary to excel as a clinician, educator, and/or researcher to be given leadership roles. As a leader, however, other people’s professional goals should actually become a priority. Understanding the professional goal of each physician is necessary to fulfilling this priority. For exceptional and interested mid-level and junior faculty, one strategy for leaders is to facilitate their promotions by nominating them for regional and national awards.

The second barrier is protecting your public image, i.e. that ideal image of yourself as a leader. Instead, this article encourages leaders to be a leader by seeking out help where needed, even if that means acknowledging that they had made poor decisions. It may seem easier to lead from the top down; however, integrating the thoughtful solutions from mid-level and junior physicians could have the dual effect of decreasing the need to prepare faculty for impending changes and playing to the strengths of your section.

The third barrier is turning competitors into enemies. Since resources are scarce in medicine, there could be a tendency to see other leaders as competitors. However, because they are competitors, they are also likely worthy colleagues. Attempting to collaborate instead of compete could produce more convincing grant applications for research centers and the opportunity to share scarce resources.

The fourth barrier is going it alone, as in relying only on your own ideas for decision-making. This barrier can lead to isolation in what can be an already isolating position, being a leader. In general internal medicine, the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM) is a perfect example of how this barrier can be avoided. The ACLGIM provides leaders in general internal medicine a forum for discussing the current issues that are plaguing general internal medicine in order to collaborate and develop potential solutions.

The last barrier is waiting for permission, or waiting for someone else to give you more authority. The problem with this passive approach is that organizations seek out people who take initiative to become future leaders. This barrier can be overcome in medicine by suggesting and, more importantly, following through with ideas to improve the clinic system or medical education.

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The famous Green Bay Packers coach, Vince Lombardi, said that, “Leaders aren’t born, they are made. And they are made just like anything else, through hard work. And that’s the price we’ll have to pay to achieve that goal, or any goal.” According to this article, “the price” may be putting the team first and seeking out more teammates, but the final score will include more satisfied physicians, a more successful organization, and more time to lead.

