

Chapter 9

Managing and Leading

Managing and leading often form an integral part of a doctor's daily work life. Apart from managing yourself, your own time and affairs, you may get involved in managing others, your team, your clinic, your department, your hospital or institution. You may manage a process, a project, the rota, the teaching program, the theatre list allocation. You may manage a conflict, a meeting, or manage change.

You may be called upon not just to follow, but also lead. You may lead your juniors, your team, your colleagues, your department, your organisation. You may lead the resuscitation team, the theatre operating team, the clinic team, the discharge multidisciplinary team.

There are certain skills that may help in such challenging roles. Managing and leading require good communication and interpersonal skills. This chapter aims at describing these skills that you may try to develop early on.

At the same time, you may find yourself on the receiving end of management. Even as part of a formal managerial role you may have to deal with more senior managers. The ability to deal effectively with management, in a constructive and mutually respectful manner, is an additional valuable skill to acquire.



Inter-personal Skills

Governing a great nation is like cooking a small fish – too much handling will spoil it
Lao-tzu [1]

Whether managing or leading, certain skills are essential. Unlike a few lucky ones, many of us are not born natural managers or leaders, but these roles need to be cultivated and developed. Management and leadership involves closely working with people, and certain skills are essential in such interpersonal relationships.

Different styles of management/leadership have been described [2, 3] but three well known ones are:

1. Authoritative – leader decides and followers do.
2. Democratic – leader and followers share decision making.
3. Laissez-faire – leader delegates the tasks to the followers, who are allowed to take control and influence how things are done.

The type of management/leadership you choose is likely to be influenced by your status, your personality, followers, and tasks to be accomplished. The style chosen does not have to be rigid and may vary according to the situation, individuals or processes you are dealing with. The decision as to what type of leader to be is yours, but you may consider the following in trying to develop your managerial and leadership skills:

Lead by Example

Lead by example and inspire others. Encouraging others to do as you do is more effective than simply asking them to do as you say. If you are the first to turn up to the ward, if you are hands on and do not shy off seeing patients in clinic, if you rush to help colleagues when in need, if you do not hesitate to stand up and take responsibility for your actions, if you easily acknowledge when things have gone wrong, if all your actions have in heart the good of patients and your organisation, others may be inspired and follow promptly.

Involve

As a doctor, you are likely to be managing other highly motivated individuals, such as doctors or other healthcare workers. These, alongside you, are striving for providing the best of care. Consult them for their opinions and listen actively to what they have to say. Involve all those you manage, all those you lead. Hear the arguments, encourage discussions. Do not use listening as a mere exercise, but as an improvement process. Decisions taken by consensus or majority, through constructive discussions, may be more likely to be respected and followed.

Be Straight

Be honest, direct, and straight, in trying to pass a message across, or convince others. Attempts to pass a policy on the side may simply cause loss of trust and confidence, when the whole picture is established. Even if you have to give awkward news, be honest, direct and truthful.

Respect Your Followers

Respect your followers. Avoid talking bad about your followers, in front of others. This will encourage trust, and your followers will know that you will not fail them.

Support

Support and stand by those you manage or lead at the time of need. It may be your juniors have just started and are trying to find their feet. It maybe, a colleague is going through difficult times at home, and needs to take time off at short notice. This is the time to stand by them, help, and support them.

Have a Vision

Have a clear vision as to what you are trying to achieve and work for it. Communicate this to your followers. Give a clear goal to work towards.

Enable

Trust your team. If they are safe, keen, competent and skilled, let them get on with it. You do not have to micromanage, check and control all they do.

Give Clear Instructions

Give clear instructions so that others can understand easily and follow. You may communicate your reasoning and your thinking, but aim to give a clear direction, explicit details of what has to be done, and how it is to be achieved.

Give an Answer Rather than Options

As a doctor you may be seen as a leading figure, both by medical but also other healthcare professionals who will come to you for answers. Give them what they ask for, rather than a list for options to choose from.

Appreciate the Diversity of Those You Manage or Lead

Appreciate that your followers may have different priorities, personal beliefs, different backgrounds, previous experiences. The world is a global village. Your followers may originate from different ethnicities, or cultures. It is unlikely that one approach, one solution will fit all situations or all individuals.

Rely on Systems, Not Just Individuals

Set up well structured, functioning, self relying systems, policies, protocols and pathways, rather than just relying on individuals doing their best. People may move on, progress in their career or retire, their duties may change, may go off sick, may be on leave, may be off shift. Aim for systems, procedures, and protocols that are easy to grasp, simple to understand, and plain to follow through. Some of the staff, such as those in training posts, may rotate regularly, spending only a short time in your team, department, or institution. Well structured systems should ensure that new starters settle in quickly, fit in their new role, and service lapses and interruptions are kept to a minimum.

See the Big Picture

Concentrate on the details, but also see the big picture. Do not lose sight of the forest for the trees. The Seven S model, may put a structure, into how you assess the resources available within your team, organisation or department. It may help you determine as to whether all resources are working towards achieving the overall goal, working in line with the overall vision [4]. The seven S model stands for:

S-tructure

S-trategy

S-ystems

S-taff

S-kills

S-tyle

S-uper ordinate goal

Be Lean

As a manager or leader you may face longstanding procedures or processes which may not be cost or time effective. Challenge these, aim to improve efficiency, and maximise value. Lean principles were initially derived from the car manufacturer Toyota, but have widely been adopted in health care [5, 6]. Lean principles put the provision of high quality service (or care) to the customer (or in a healthcare setting the patient) central to the organisation's aim. Processes that work towards providing that high quality service are identified, enhanced and smoothed out, whilst any unnecessary steps or processes (waste) are eliminated. Reducing low yield steps and processes may thus reduce the time and resources needed for providing high quality care [7–9].

Aim for Big Wins

Aim to solve those problems, and tackle those challenges, that can make a substantial difference, and achieve huge improvements. According to the Pareto principle (80–20 rule), 80 % of problems may be caused by 20 % of causes. Vilfredo Pareto was an Italian economist early in the 1900s who noticed that 80 % of land in Italy was held by 20 % of the population. Interestingly, he then went on to notice that 20 % of pea pods in his garden gave 80 % of all peas. Joseph Juran, an engineer, reported that this principle also applied to engineer defects (20 % of defects causing 80 % of problems), and named this the Pareto principle [10–15]. This principle has since been applied to other settings. Even though the exact application of this in healthcare remains to be established [16], it helps to remind that some problems may cause more trouble than others and tackling those can have a much greater effect. It does not mean ignoring the remaining 80 % of causes, but prioritising according to potential influence and importance.

Use Targets Wisely

Talent hits a target no one else can hit; Genius hits a target no one else can see
Arthur Schopenhauer [1]

Targets are often set as a guide of what we are aiming to achieve. When applied correctly, targets aim to bring forwards changes in service provision, and work patterns, to improve care quality. They may be self imposed, set by your organisation, the government. Understand what targets aim to achieve, and work towards that. Use the target as a means of improving your service, as an empowering tool for driving the essential care improvement, rather than altering your service to improve your target performance.

In the National Health System of the UK, multiple health care targets were introduced by the government. These included a 4 h rule for either admission or discharge from the Emergency Department, an 18 week target to reduce surgical waiting lists, 2 day target within which patients should be able to see their general practitioner [17].

Meeting such targets would ensure that patients do not wait long for a decision in the Emergency Department, have easy access to their family doctor, and do not face unnecessary delays in having elective surgery. Keeping patients in ambulances to stop the Emergency Department clock start ticking, admitting patients unnecessarily, discharging patients too early, offering patients surgery on days or at venues that they are unlikely to meet, or focusing on patients who have not missed the target at the expense of those that missed the target, is not a wise or ethically correct way of target use [18–21].

Targets are important in setting a well defined structure as to what you are working to, hence make the most of them. But do not miss the point trying to meet the target. Much of Medicine, much of the service you provide, much of what you do, day in and day out, may not be easily measured or quantified. Do not overlook quality, or true caring, for running after a target.

Value Productivity Rather than Time

Stressing output is the key to improving productivity, while looking to increase activity can result in just the opposite

Paul Gauguin [1]

Often what counts more, is not how much time or effort goes into achieving a goal, but the achievement of the goal per se. Output may be more important than input. This may be a metric in evaluating people or processes you manage or lead.

Output rather than input, may apply not only to individuals but also to systems of whole countries or huge organisations. Figures from the Organisation for Economic Co-operation and Development suggest that in 2013 the average Greek worker clocked 2,036 h whereas the average German worker only about 1,387 h [22]. Yet the economy of Germany has recently been thriving, whilst that of Greece has gone through substantial turmoil. Many successful organisations have moved from counting minutes of their employees to assessing their output. The Results Only Work Environment (ROWE) refers to a management approach where performance and results, rather than mere presence, is rewarded [23]. ROWE was initially introduced at the electrical retailer Best Buy, to increase productivity, and was adopted by several institutions since then, including GAP, the clothing retailer. Staff were given the freedom to work whenever they want and wherever they want, as long as the work gets done. Not all activities in healthcare can be arranged like that, yet some, like administrative or teaching tasks may be.

Consider judging others based on their achievements, rather than the time they put in. It maybe your junior can finish the ward work quickly and then relax in the coffee shop. It maybe a colleague is a fast surgeon and can finish the operating list quickly. It maybe a colleague can evaluate patients much more quickly in clinic and hence finish early. Consider concentrating on results, not the clock.

In healthcare, remuneration by results has been questioned, but this may be due to the metrics used. If all that is counted is the number of patients one assesses, or the number of operations one performs, without taking into account the outcomes achieved, or the complexity of cases dealt with, then obviously the process may be flawed.

Be Flexible and Accommodative

Nothing is softer or more flexible than water, yet nothing can resist it

Lao Tzu [1]

As a leader or manager it is essential to bring everyone on board, to motivate your followers. Being flexible and accommodative may help you do so. Appreciate that the values and requirements of one team member may be different from those of others. Treat everyone as an individual and try to accommodate their specific needs. If you can accommodate their individual needs without compromising the overall service, then try and do so, as that may further motivate them and encourage them to give their best self.

- It maybe that one junior wants to work with a specific team, to improve their surgical skills in a particular procedure.
- It maybe that your junior wants to come in early and finish early, to pick the kids from school.
- It maybe that a junior wants to have their holidays just before their upcoming exam, for better preparation.
- It maybe a colleague wants to take time off clinical work, to get that research project started.

Do not assume that all your followers are guided by the same motives, do not assume that your followers' motives are the same as yours. Something looking trivial to you may be highly important to others. Something that makes you tick may be of low importance to your followers. It has been shown that once people get enough food on the table, other factors may become important for job satisfaction. Daniel Pink in his book "Drive: the surprising truth about what motivates us"[24] dismisses the traditional models of motivation based on monetary rewards or fear of punishment, and describes three other elements as important in motivating individuals to give their best self at work. Quoting research done at the Massachusetts Institute of Technology, USA, Pink proposes that for complex, mind engaging activities, the three most important motivators are:

- Autonomy.
- Mastery.
- Purpose.

Indeed, you may recognise that the freedom to innovate and develop one's own work, the drive to excel professionally, and the feeling of making a real contribution, is the driver and real motivators for many healthcare workers in your workplace.

Along similar lines, more than half a century earlier, Abaraham Maslow, proposed a hierarchy of needs, in his paper “A theory of human Motivation” [25]. This is an idea widely depicted to today as Maslow’s pyramid (Fig. 9.1). In this pyramid the most physiological basic needs are placed at the bottom, which once met, higher levels of needs are desired. It reminds that once there is enough bread on the table, then security, friendships, respect, and a drive to achieving one’s full potential may become more important aspirations.

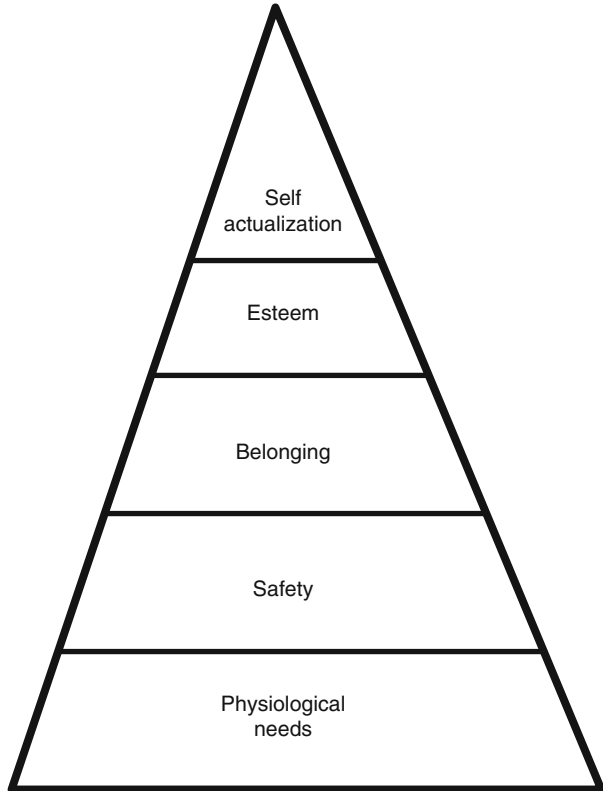


Fig. 9.1 Maslow’s pyramid of hierarchy of needs (Based on Maslow [25])

Delegate

Few things can help an individual more than to place responsibility on him, and to let him know that you trust him

Booker Washington [10]

Delegation is not only important when it comes to sharing individual work, but is also an important skill of management. You may delegate the roles in your team, department or institution, the various roles in an audit or research project, the roles in an educational program. The skill is to delegate to those that will stand up to the challenge and will successfully complete the task. You may look for the 5As in deciding whom to delegate specific roles:

A-ble. Choose someone who has the ability, knowledge, skills, qualifications to fulfil the assigned task. Some of us may be excellent communicators, some are negotiators, some have an academic incline, some shine technically. Choose the most able person according to the task required.

A-uthorised. Choose someone who has the stature or authority to complete the role. This may be based on the chosen's seniority, experience, status, position, reputation, influence.

A-vid. Choose someone who is keen, enthusiastic on taking on the task. A genuine interest in the proposed task may encourage one giving best self. Not all tasks can be equally exciting and inspiring. Not all tasks will attract someone's attention, and on occasions you may have to allocate tasks to those who are not keen to take them on.

A-ttested – someone reliable, with a track record of delivering.

A-ccountable – someone who can take responsibility for the successful completion of the task.

Once you delegate, trust those taking on the task to see it through. Offer access, support, guidance and assistance, but have the confidence in those you chose. Delegating tasks, but still running the show, may defeat the purpose. The aim is not simply to have an additional pair of hands, but share development and responsibility.

Managing a Meeting

If they can't start a meeting without you, well, that's a meeting worth going to, isn't it? And that's the only kind of meeting you should ever concern yourselves with

George Huang [26]

As a doctor you may have to manage or lead a meeting, a meeting of your colleagues or team, to discuss business matters, to set policies and direction. Leading a meeting is an important skill to develop, and you may consider the following:

- Give ample notice about the meeting taking place.
- Send out, well in advance, documents relevant to the meeting, to allow participants to fully examine them.
- Invite only those relevant to the agenda and who will have a direct contribution to make. Attendants are not there for making up the numbers, but for making a real contribution.
- Avoid distractions, mobile phones, beeps. Ask attendants to address these.
- Have a clear agenda for the meeting.
- Have a clear target for each agenda item (discuss or make decision) and aim to achieve that.
- Be clear who will deal with each item.
- Set realistic time frame, for each item, and stick to it. You do not want participants leaving halfway through.
- Decide how decisions will be made. If this is by majority, how many attendants are required?
- Keep clear records (minutes) of what is said at the meeting.
- Following the meeting, check the accuracy of the minutes with everyone who attended.
- Choose a place where interruptions are unlikely. A note on the door or a locked door may help, if you can not find a location away from the floor.
- Respect all those attending, their views and opinions, the time they put in attending the meeting. Give them the chance to speak and listen wisely. For a meeting to happen, for you to lead, others must turn up.

Managing Change

The only way to make sense out of change is to plunge into it, move with it, and join the dance

Alan Watts [1]

Healthcare is a dynamic environment. Changes often have to be introduced and you may find your self in a position where you have to manage and lead such changes; the introduction of a new rota, new working patterns, new team structures, new letter dictation system, new patients' charts recording system, departments merging, services tailored down or expanded. Managing change is a challenging task, often due to the anxiety of the unknown.

In introducing change, try to demonstrate clearly the need for change (Why change), the destination you are aiming to reach (Where), and the process (Way) by which this will be achieved (Fig. 9.2).

Recall the last time a change in practise was thrust upon you. You might have been told that this is how things should now be done, or told off for not doing them, without having been informed of the change in the first place. How engaged did that make you? How keen did that make you in joining and following the new practise?

In managing change consider the following:

- Engage others in understanding the need of change. If you get them on board as to why change is needed, it is more likely that you will achieve cooperation. Even if you can not engage all, the more the better. Jo Owen in his book "How to

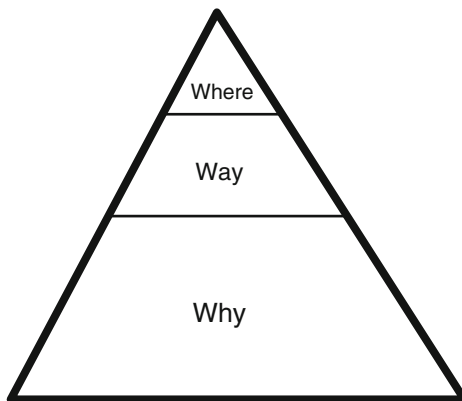


Fig. 9.2 The change pyramid – the base (or foundation) of achieving change is often to demonstrate the need for it. The destination must be clearly defined, and the way to it clearly characterised

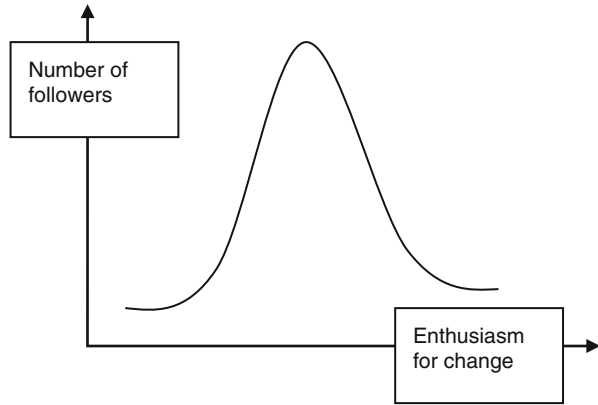


Fig. 9.3 Distribution of enthusiasm for change amongst potential followers (Adapted from Owen [27])

lead” [27], describes a bell shaped distribution of enthusiasm amongst those involved in a change process (Fig. 9.3), and argues that the main aim is to engage the main mass, rather than the few who regularly provide opposition. To engage this mass and gain core support, communicating the need for change and providing constant progress information are crucial.

- Explain to all, what is in it for them. The more winners out of a change, the more widespread its acceptance is likely to be.
- Consult wisely. Listen to what others have to say, and where possible follow their advice. If you achieve consensus, or reach an acceptable middle ground, it may be more likely for change to work.
- Demonstrate clearly the pathway to change. How will it be achieved, timescales, reviews of process. Reduce uncertainty to the minimum possible. Reduce fears, concerns and anxieties, through an open and transparent process.
- Be honest, do not overplay the situation, explain the limitations of any new undertaking, and acknowledge anticipated problems.
- Following introduction of the change, have regular reviews, to assess progress.
- Be flexible. If things do not work out as initially planned be prepared to adjust the course.
- Be aware that an early enthusiasm may wear off, and at the first difficulties doubts may mount. Keep the direction and drive.
- Communicate – maintain regular effective communication as to the progress, difficulties, and diversions from the original plan.
- Collect evidence – collect data to assess progress. Share these with all those involved.
- Take into account the expected responses when encountering change. Elizabeth Kubler-Ross, an American psychiatrist, developed in the 1960s [28] a model to explain five stages of the grieving process of terminally ill patients learning their

diagnosis. These stages may be also be seen in individuals undergoing major change [29] and has led to the development of the change curve, to help predict performance following the announcement of change [30]. The five stages (Fig. 9.4) are shock and denial, anger, bargaining, depression, and acceptance. Some individuals may not go through all stages or in that particular sequence. However, appreciating that those involved may go through these stages, may help you understand what to anticipate and thus help them through. The change curve helps to realise that after some initial enthusiasm, as the reality sinks in and despair predominates, there may be a time of real opposition to the occurring change. Anticipating this, and communicating to those involved, may help you push through, rather than giving up [29].

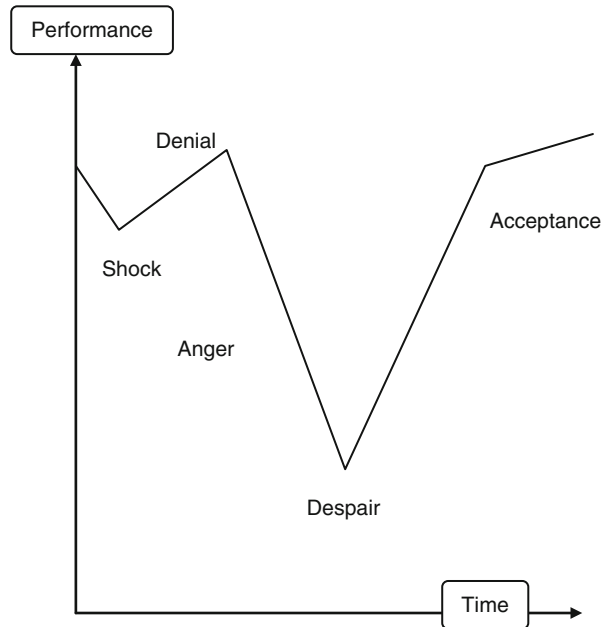


Fig. 9.4 The change curve
(Adapted from The Change Curve, University of Exeter [30])

Managing a Project

The only way to do great work is to love what you do

Steve Jobs [1]

There may be times when you take on a project, and you have to see it through. It is likely that implementation does not rely solely on your input but needs the contribution and participation of others. In taking on and managing a project consider the following:

- Have a clear definition and understanding of what the project involves. Break it down into small parts to get a better grasp of what is required.
- Time management. Have clear starting and finishing targets, with milestone dates in between.
- Have a structured way of assessing or tackling a proposed project, rather than just jumping straight in. Different assessment systems have been used but PEST [31] and SWOT [32] may be useful.

PEST analysis refers to taking into account the

P-olitical

E-conomic

S-ocial

T-echnological

factors that may influence your endeavour. Inclusion of environmental, legal, ethical, and demographic factors have also been added, giving a wide range of acronyms.

SWOT analysis involves assessing the new project with regards its:

S-trengths – advantages over others

W-eaknesses – weaknesses compared to others

O-pportunities – what could the opportunities be?

T-hreats – what could cause trouble?

- Determine what resources you will need. Are these available? Can they be obtained? Do you have to put other tasks on the side to take this on?
- Set achievable, realistic, but also testing deadlines.

Managing Crises

Close scrutiny will show that most ‘crisis situations’ are opportunities to either advance, or stay where you are

Maxwell Maltz [1]

As a doctor, you are likely to face crises, in direct clinical care or otherwise. A patient may crash in the ward or start bleeding profusely in the middle of surgery. The Emergency Department may be overwhelmed following a bus crash, or the medical ward may be overwhelmed following a flu outbreak. Your department may be short staffed due to skill shortage and poor recruitment. The financial situation may be dire, close to the brink of closing wards, and losing services.

How to deal with a crisis may require knowledge, technical skills, foresight and advanced preparation. Institutional patient pathways or protocols may already be in place to deal with anticipated crises. It is necessary to ensure you are familiar with these. However, in times of crises a set of appropriate behaviours is also essential. In dealing with crises consider:

- Keep your composure.
- Appear and sound confident – think of the pilot’s voice, last time you went through a bad bout of turbulence.
- Show that you are in control. Others may be looking to you for leadership, and direction. If you can not be in control or lead, then let someone else take over.
- Assertive communication – ensure that you are listened to and everyone is focussed on the task.
- Delegate, give clear instructions and roles to all those involved.
- Communicate – explain what the plan is, give a running commentary, so that all can recognise you are on top of things.
- This is not the time to shout, complain, assign blame. Reflection may be necessary, but at a later stage.
- Anticipate crises, and practise how you would behave, if found in the middle of one. Simulate for crises. Practise talking or giving instructions as if you are under pressure.

Managing Conflict

Conflict is very much a state of mind. If you're not in that state of mind, it doesn't bother you
Yotam Ottolenghi [1]

Conflict may be defined as a “disagreement within oneself or between people that causes harm or has the potential to cause harm” [33]. As a doctor, you may find yourself managing conflict. This maybe with an upset patient, an angry colleague or other staff. It may be your own or someone else’s conflict. It maybe that your juniors can not get on with each other, that a junior is struggling with a nurse in the ward, or that two colleagues keep arguing.

You may approach conflict in a three step way (de-escalation triangle) whereby you firstly try to calm the tense situation, followed by finding out what the issues are, and then negotiating/working towards a solution [26]. However, beware that this may be an evolving process and you may have to move back and forth between steps. You may be negotiating but tempers may rise again. You may be negotiating only to find out that there are still facts to learn (Fig. 9.5). In dealing with conflict, consider that give and take is part of professional life. Try and find a mid-solution, if that is possible. Each of the three steps of conflict management requires certain approaches:

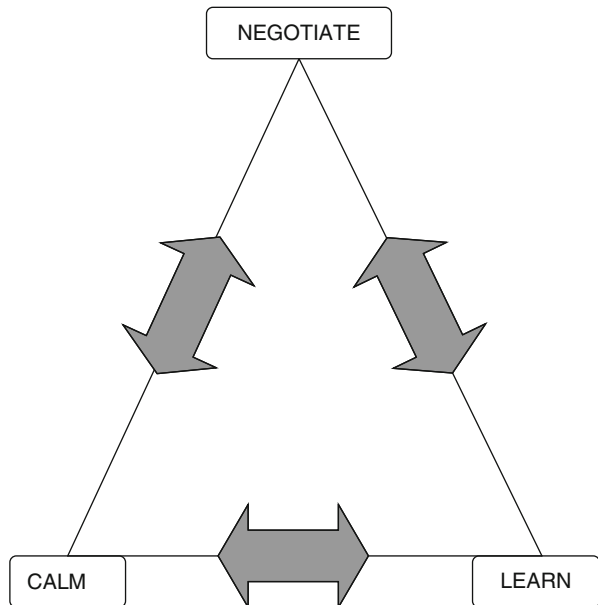


Fig. 9.5 The de-escalation triangle for conflict management

Calm:	de-escalate the situation
	change environment to help tempers settle
	acknowledge the frustration
	empathise
	sympathise
Learn:	stop and listen.
	find what the issues are
	why is the other party upset?
	hear the other side of the story
Negotiate:	What does the other party want?
	What are you after?
	What can you give?
	What is essential to take?
	Can an acceptable solution be reached?

A commonly used tool for assessing self awareness, the Thomas-Kilmann Conflict Mode Instrument [34], describes five ways of dealing with conflict:

Competing – one puts self over others.

Collaborating – work together for a solution.

Compromising – one considers both self and others.

Avoiding – one ignores self and others.

Accommodating – one puts others over self.

Which approach you take may depend on the situation, on what the issue is, and how much it matters to you. It is a skill to be able to pick your fights carefully, to decide which are worth fighting, and which ones are to be ignored. Decide when you have to win, when you can accept a draw, and when you can just let go.

Managing Underperformance

As a leader you may have to manage under-performance of a trainee, a colleague or other staff. Under-performance may take several forms:

- Clinical.
- Conduct.
- Professional.

Several behaviours may warn of under-performance, especially when it comes to a trainee (Table 9.1) [35].

In dealing with under-performance [35–39], consider the following:

- View the under-performance of an individual in the wider context in which it occurs (working environment and personal life).
- Establish the true facts. Gather specifics, rather than rumours. Gather information from a wide range of relevant sources. Gather information in confidence, without ending up spreading rumours yourself.
- If there is any threat of patients’ safety, then act immediately. Ensure that all measures needed to ensure patient safety are taken, and eliminate any potential harm.
- If there is evidence of criminal activity, report this to the appropriate employer’s authorities and law enforcement authorities, such as the police.
- Seek help rather than acting alone. Consult the training bodies, human resources, employer.

How you approach this further and who to involve may depend on what the concerns are, and the role of the person in question (trainee or otherwise). Understand the regulations of the healthcare system in which you practise and follow these. Know the escalation pathway, if your attempts to correct things prove fruitless. However, as a start you may consider the following:

Table 9.1 Early signs of trainees in difficulty

The disappearing act: not answering bleeps; disappearing between clinic and ward; lateness; excessive amounts of sick leave
Low workrate: slowness at procedures, clerkings, dictating letters, making decisions; coming early and staying late and still not getting a reasonable workload done
Ward rage: bursts of temper when decisions questioned; shouting matches with colleagues or patients; real or imagined slights
Rigidity: poor tolerance of ambiguity; inability to compromise; difficulty prioritising; inappropriate ‘whistle-blowing’
By pass syndrome: junior colleagues or nurses finding ways to avoid seeking their opinion or help
Career problems: difficulty with exams; uncertainty about career choice; disillusionment with medicine
Insight failure: rejection of constructive criticism; defensiveness; counter-challenge

From Paice [35]. Reprinted with permission

- Is there indeed a problem? Are the performance concerns something that matters, or is the behaviour within the expected spectrum and diversity one may encounter amongst staff?
- Would an informal talk help? Do not underestimate the value of an informal chat. An informal talk may elucidate what the underlying issues are and allow plans for improvement. It may also avoid unnecessary escalation of the situation which might cause a defensive behaviour and disengagement of the other party. The decision to have an informal talk may depend on whether you anticipate a successful outcome on the concerns and issues raised, and on the potential insight of the person involved. However, be prepared for those cases, where there is a real problem but no insight on behalf of the party involved. Offer the chance to an individual to explain, using open ended questions such as:
 - “How are you managing?”
 - “How are things going?”
 - “How are the on-calls? Any difficulties with the on call referrals?”
 - On occasion such simple questions may be all it takes for the walls to fall away and all issues to be revealed.

If an informal talk is unsuccessful or deemed inappropriate, then set up a formal meeting. In doing so you may consider the following:

- Inform the person as to the reason for the meeting in advance.
- Allocate sufficient time and avoid any interruptions.
- Have any relevant staff present (human resources).
- Present the facts; initially summarise and then proceed to give specifics.
- Identify underlying problem and consider plans of action:
 - Clinical knowledge or skills – close supervision, re-train
 - Behavioural attitude – close supervision, regular feedback, anger management course, communication skills course
 - Health issues – referral to occupational medicine
- Try and reach an agreement as to the need for further action.
- Set targets for improvement using the SMART model [40]:
 - **S**-pecific – what to do? whom with? where? how?
 - **M**-easurable – how many, how much?
 - **A**-ssignable – targets that can be assigned
 - **R**-ealistic – achievable given constraints
 - **T**-ime related – by when? clear deadlines

Being a Follower

He who cannot be a good follower cannot be a good leader

Aristotle [1]

This chapter has up to now concentrated on managerial or leadership skills that you should aim to develop. However, the ability to be managed and follow where others lead are also important skills to acquire.

In your professional life you may end up having your own practise, or work as part of a bigger institution. Whatever the setting, it is likely that you will deal with management either directly or indirectly. Such management may be made up of other doctors, or individuals who are not medically trained, or have no clinical background. Even when management has clinical background, that background may differ from your specific clinical activities.

If you have your own practise, management could be on your payroll, but if you are an employee you may be accountable to the management running your employing institution. Even if you are “your own boss”, you are still likely to be influenced by local or national healthcare policies, set out by the government or other organisations, and have dealings with the management running those. If you are in a well defined managerial or leadership post of your institution you may have to deal with those higher up, or other colleagues in the same position.

As a doctor you may concentrate on individual patient-doctor relationships, striving for high quality care. However, such relationships rarely exist in isolation. True “independent practise” is rarely encountered in many systems and countries. It is important to recognise early on that the survival of the healthcare system you are practising in, or the viability of the organisation you are employed by, may be essential, for you to be able to provide the best of care. Such survival may not only depend on doctors clinically doing their best, but also on meeting costs, meeting targets, ensuring that regulations are followed and standards are maintained, publicising the good work the institution does to make it more attractive and competitive. Many of these non-clinical tasks often have to be carried out by those in managerial positions. Hence their role and contribution should be understood and appreciated. Develop the skill of being able to see the big picture, share your institution’s vision, and work along with management to improve the organisation’s services.

Try and understand the management structure of your institution or other organisations you have dealings with. There may be parallel management arrangements for different employee groups, and recognising these may guide you as to whom you need to appeal to in trying to influence policies. The management structure to whom the doctors report is likely to be different to those for nursing staff, theatre staff, clinic staff, or allied healthcare professionals. Hence, simply asking one of the other professionals to alter practise, may not be as straight forward as it may initially sound. Follow the management hierarchy in your requests, but also be prepared to jump up and escalate if not heard.

In dealing with management, aim for mutual respect. You may see yourself as the facilitator, who allows non clinical staff to recognise clinical priorities, but also the gatekeeper who ensures that the actions of management are always in patients' best interests.

As a follower criticise when there is a need, but also praise when things go particularly well. Question your managers or leaders, voice your concerns when they may seem to deviate from what is best for your patients, but also acknowledge and highlight their achievements and wins. Standing by your leaders when they are doing well is needed to give them the stature to fight your case, and the case of your department or organisation.

On occasion you may disagree with decisions taken or you may feel strongly that you could do things much better. But on occasion, we have to follow even when we disagree, for an institution to function, an organisation or society to stay cohesive and survive.

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