President’s Column

Filling the Leadership Void

Terrence E. Steyer, MD

For centuries, philosophers have been debating the question: Is leadership a natural-born ability or a skill that can be taught? For me, the answer has always been a skill that can be taught. I think that leadership is an art form. Much like Picasso used paint and canvas to make his art, and Miles Davis used his trumpet and improvisation to make music, leaders have a set of skills that allow them to create. But, there are some natural instincts that Picasso and Davis were born with that allowed them to develop their art and this is true for leaders as well.

My interest in leadership as an art started when I was a participant in the National Collegiate Leadership Conference during my undergraduate years at Allegheny College in Meadville, Pennsylvania. On the sand dunes of Lake Michigan, under the stars at Camp Miniwanca, a team was formed and leaders were developed. I learned about the importance of teamwork through the familiar ropes course, but I also learned the importance of vision, the need for grassroots support, and the difference that skilled public speaking can make. I used these skills while at Allegheny and beyond. Still today, I look back at this experience as the cornerstone for my leadership ability and for instilling in me that call to service that continues to drive me and to make the sacrifices that are often required of a leader.

We are entering a leadership void in family medicine. Informal surveys of department chairs show that in the next 3 years, more than 50% believe they will be in a different role than department chair. Who will rise to fill these positions? Through the work of the National Program Directors Development Institute and the Predoctoral Directors Development Institute, residency programs and predoctoral divisions have been fortunate to have a pool of trained leaders from which to choose. A similar program has been developed by the Association of Departments of Family Medicine to fill the leadership void in the role of department chair. These programs are important but alone are not enough to fill the leadership needs of the discipline.

The Future of Family Medicine report called for the development of a leadership institute to help train the next generation of family medicine leaders. As this report evolved into the primary care Patient-centered Medical Home movement, this goal has been modified to helping every family physician become a team leader. The economic downturn has also not been favorable for the development of such an institute. So, how will organized family medicine, and specifically STFM, fill this leadership void?

In 2008, the Board of Directors appointed a leadership development task force led by Jeri Hepworth, PhD, to strategize the best ways to develop future leaders for family medicine. After much thought and discussion, the task force proposed the idea of a Leadership Academy. Designed to be a year-long program, the Academy will help individuals develop their leadership skills. Participants will be asked to identify a local mentor and will be assigned a mentor from the STFM leadership. Working with these individuals, participants will put their leadership skills into action by completing a project that will be of benefit to their local program as well as to STFM as a whole. The Academy will utilize technology to help participants utilize asynchronous communication and social networking to accomplish their goals. More details about the Academy will be announced in April 2010 at our Annual Spring Conference in Vancouver, and applications will be available in early May. The Board of Directors hopes that the Academy will attract a variety of applicants and will help to develop the future leaders for the discipline.

While the Leadership Academy will be the most visible and structured means for us to develop new leaders, it is by no means the only way. The informal networking and

(Fam Med 2010;42(3):162-3.)

From the Medical College of Georgia-University of Georgia Medical Partnership.
mentoring that occurs naturally at STFM meetings will continue to be a key way to develop new leaders. You have the ability to rise into a leadership role at our upcoming Annual Spring Conference by volunteering to chair or cochair a special interest group or perhaps by creating a new group that centers around an issue of interest to you and a handful (at least!) of other members. You can participate in the election of officers, either in person at the meeting or early via absentee ballot, to help shape the leadership of the Society. And, you can continue to develop innovative curricula and programs and submit these for presentation at our meetings.

Walter Stevenson, an organization development consultant, said, “If leadership is an art, then leaders are the artists, organizations are the easel, people are the canvas, ideas are the pigment, values are the frame, and vision is the thing that’s hung up at the gallery…” STFM is a strong easel, our people are a large canvas, and we have more shades of pigment than can be imagined. Working together, we can fill the leadership void for academic family medicine and perhaps beyond.

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The goals for Dr Steyer’s year as president use STFM as an acronym:
• Strategically plan and use it
• Team with others
• Facilitate the development of new leaders
• Motivate more family medicine advocates