

ML-Web discussion August 2008
**“Leadership Skills in Medical
Education”**

**(PSG-FAIMER ML-Web
intersession assignment)**
Summary and Discussion Transcript

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LEADERSHIP SKILLS IN MEDICAL EDUCATION

August ML Web discussion on Leadership skills in Medical Education went on very interestingly and we could learn many aspects related to the topic. It would have been useful for every one of us in making changes in the required manner and to adopt the correct leadership style with the appropriate leadership qualities that suits our institution / organization. With the guidance from the faculty **Dr. Ray, Dr. Vimal** and **Dr. Thomas**, 2008 fellows **Dr. Subodh** and **Dr. Unni** and our co facilitators **Dr. Antony, Dr. Logeshwari**, I could bring out this discussion well. Thanks for their support.

We decided to discuss the following topics and they were scheduled accordingly:

S.No	Scheduled time	Topics
1	1st Week: 1st to 8th August	Leadership - Definition, Theories and Styles
2	2nd Week: 9th to 16th August	Concept and Principles of Leadership/ Development of Leadership skills
3	3rd Week: 17th to 23rd August	Role model and Mentoring / Role of Leadership in medical education
4	4th week: 24th to 31st August	Collaborative Leadership

SUMMARY

WEEK – 1 LEADERSHIP – DEFINITIONS, THEORIES & STYLES

We discussed about various [definitions](#) of Leadership.

[Qualities](#) of the leader were discussed. The personal characteristics are foundational to good leadership. Some characteristics may be more naturally present in the personality of a leader but each of the characteristics can also be developed and strengthened.

Even transformational leadership can be put into place when a group environment is imposed upon the students and they have to come together to reach a common goal. The common thread is setting a goal, education, and facilitating change. The educational leader must be flexible and use the model the best fits the leader and benefits the group. As a leader in medical education, one is supposed to give advice to medical students, especially the fresher.

We also discussed regarding the psychological evaluation of a good leader from the article , “The Psychological Assessment of Political Leaders: With Profiles of Saddam Hussein...Simonton in JAMA.2003; 290: 1386-138.

“[Leaders are made and not born](#)”....!!! It is not easy to acquire leadership qualities and it requires a combination of inherent and acquired qualities.

Different [theories](#) of leadership namely, [Traits Theory](#), [Behavior Theory](#), [Contingency Theory](#) and [Transformational Theory](#) were discussed.

What do effective leaders have in common? They get the right things done, in the right ways—by following eight simple rules: The eight simple rules were discussed and “**Empathize**” can be added in the list of eight rules for leadership. That is, the leader should always think from the view of subordinates before taking any wise decisions.

Styles of Leadership: [Autocratic](#), [Assertive](#), [Authoritative](#), [Participative](#), [Laissez Faire](#), [Situational](#), [Emergent](#), [Transactional](#), [Transformational](#) and [charismatic styles](#) were discussed. “Most effective executives use a collection of leadership styles, each in the right measure, at just the right time”. We should assess, "What leadership styles work best for us and for our organization?" and should consider developing the leadership style. The characteristic of leadership in the past was different from the present one. Before, leaders were of authoritative while the present leaders need to be more ASSERTIVE than authoritative. Since the literacy is more now, every individual expects his self esteem to be maintained. So no one likes to be bossed over.

A more democratic leader who listens to opinions of others is becoming increasingly characteristic of educational leaders today. These days the leader is supposed to behave

more like a mentor. A leader should set clear goals for his institution or department and empower his colleagues with the knowledge and devices to achieve the goal.

A good leader should lead by example. The leader should be approachable. This is an important issue especially with students.

WEEK 2 – CONCEPTS & PRINCIPLES OF LEADERSHIP / DEVELOPMENT OF LEADERSHIP SKILLS

To inspire our workers into higher levels of teamwork, there are certain things we must be, know, and, do. We discussed that these do not come naturally, but are acquired through continual work and study. Good leaders are continually working and studying to improve their leadership skills; they are NOT resting on their laurels.

"Leading starts with getting others to size up the realities of a situation and to understand what responses are needed. Then it is getting them energized and motivated to deliver those responses effectively and efficiently." We discussed on the [concepts and keys for effective leadership and went on to the principles of leadership and leadership models...](#)

A leader needs to be

- dedicated
- knowledgeable
- a man with a vision
- good communicative skills
- a fair and judgmental man

We discussed about an [online self assessment](#) with a questionnaire based on the 4E's Leadership Framework - [Envision](#), [Enable](#), [Empower](#) and [Energize](#), designed by Mick Yates that helps us self-assess how well we are doing in using the 4E's Leadership activities, and provides directional pointers on how we can improve.

[We discussed how Leadership can be developed by acquiring various competencies.](#)

Leadership can be learned...Leadership competencies cannot be acquired in a few training sessions or in a single training course, but only as the result of a long-range development process over a number of years. Leadership development must begin during the formative years of youth, and is a life-long process that never ends.

No administrator really will like to oppose their sub-ordinates if they want to be in peace and get going. Any new innovative project- include the chief into it. Then work will go smoothly. But most of the time it is not possible, mainly when the name and fame is involved. The leader should learn and realize that "the growth of the team is their growth".

We shared our ideas and few of us [shared our experiences](#) regarding overcoming the Problems we face day to day in our working place. Our experiences highlighted on

1. Conflict management
2. Situational leadership.
3. Appropriate "attitude".
4. Five following laws were discussed to follow to creating, maintain and manage any productive relationship with the boss
 - Never outshine the master,
 - Make your boss look good,
 - Exceed expectations,
 - Bring solutions, not problems,
 - Protect your boss' back
5. Tips for senior faculty
6. Repeated representations with a positive
7. Stand up and passionately defend
8. Talk to your boss's boss.
9. Look out for who is going to be your boss and develop rapport

We could learn that **Personal continuous improvement** means sharpening the saw in each of four interdependent dimensions (**Physical, Mental, Socio-emotional and Spiritual**) we all share as human beings. They represent our capacities to achieve whatever goals we seek. It was nice discussing that young faculty are appointed to develop our curriculum and they have done a splendid job at PAHS.

“Unless we accept that change is the constant and strive to improve ourselves everyday, we will get left behind and have a great inferiority complex”.

WEEK 3 – ROLE MODEL AND MENTORING / ROLE OF LEADERSHIP IN MEDICAL EDUCATION

Mentoring as well as being mentored is an art, a skill to be cultivated. The purpose of mentoring and the means of achieving it were discussed. Can a mentor be friendly? The mentor's role is to challenge and support and at times act as a 'critical friend', providing insight and focus in working through challenging or complex issues. Of course "being friendly" is not something to be avoided totally - but - as an analogy, think of your parents as your "friend". *Ultimate aim of the mentor is to develop two important skills in mentee - to improve the ability to self-aware and will, so that it enhances the effectiveness of mentee to achieve their goals.*

Importance of mentoring in medical education was discussed. Good mentoring is more passive than active. It mainly involves letting the students decide for themselves with guidance and good advice rather than actively trying to steer them on a particular path. : "Change is not merely necessary to life - it is life". Only "life long learning" can make us better teachers, leaders and mentors.

“**Absentee-facultism**” and various measures of overcoming it were suggested. At present number of medical and dental colleges are coming up and MCI AND STATE GOVERNMENT should be strict and stick on to standard criteria while permitting a new college to open up. The very fact that so many medical colleges are existing in the country and ever increasing in number just shows that the MCI is not very serious about the quality of medical education in India. Had it been so, they would have seen to it that all the existing colleges have the requisite number and qualified and dedicated faculty. ***OUR NATION NEEDS A DRASTIC REVOLUTION TO OCCUR FROM BOTTOM TO THE TOP LEVEL.***

Excellent **role models** will always inspire, teach by example, and excite admiration and emulation. Mentorship differs from role modeling in that the mentor is actively engaged in an explicit two way relationship with the junior colleague - a relationship that evolves and develops over time and can be terminated by either party.

Leadership skills are essential for the health professionals. ***Effective leadership cannot be taught in one course or clinical experience, but rather must be integrated into every level of curriculum.*** Educational effectiveness for all students is crucially dependent on the provision of quality teaching by competent teachers who are equipped with effective, evidence-based teaching strategies that work, and are supported by instructional leadership that focuses on teacher capacity-building towards the maintenance of high teaching standards via strategic professional development. Availability of leadership courses was discussed.

WEEK 4 – COLLABORATIVE LEADERSHIP

Collaborative leadership embraces a process in which people with different views and perspectives come together, set aside narrow self-interests, and discuss issues openly and supportively in an attempt to find ways of helping each other solve a larger problem or achieve broader goals.

Six essential behaviors for successful collaborative leaders:

- Assessing the Environment
- Creating Clarity: Visioning and Mobilizing
- Building Trust
- Sharing Power and Influence
- Developing People
- Self-Reflection

Democratic is otherwise participative leadership, and collaborative is also called as participative leadership... Hence collaborative and democratic leadership are of works with same the concept. Collaborative leadership.....

- WIDENS THE CIRCLE OF INVOLVEMENT
- CONNECTS PEOPLE TO EACH OTHER AND TO IDEAS

- CREATES COMMUNITIES FOR ACTION
- EMBRACES DEMOCRACY

The seven secrets of the qualities of effective collaborative leadership, 25 dimensions of collaborative leadership, Collaborative Leadership for Community Clinic Integration, the tips and good practices of Collaborative leadership and Collaborative development program Collaborative clinical leadership were discussed.

Leadership must be a collaborative approach between the professions to provide the best care for patients.

Collaborative working

Leaders in the health service work with a wide range of internal and external stakeholders. Effective leaders understand that truly collaborative working is therefore essential.

Features of this quality include:

- Ensuring that the strategy for health improvement, and the planning, development and provision of health services, are cohesive and ‘joined up’.
- Understanding and being sensitive to diverse viewpoints.
- Striving to create the conditions for successful partnership working.

At the end of the discussion session a very useful tool namely **Collaborative Leadership Qualities Inventory (CLQI)** was discussed to assess the collaborative skills and capacities.

Collaborative Leadership is a process or method to guide a diverse group of people to find solutions to complex problems that affect them all. It requires a new notion of power...the more power we share, the more power we have to use.

Various styles and theories of leadership will pave way to adopt appropriate leadership roles. Adopting and following them will surely help us to be a good role model in the field of medical education. Good leaders develop through a never ending process of self-study, education, training, and experience. If we have the desire and willpower, we can become an effective leader. Moreover collaborative working can be emphasized more to produce good result in our set up and to bring about an effective educational system for our students.

DISCUSSION TRANSCRIPT

WEEK – 1 LEADERSHIP – DEFINITIONS, THEORIES & STYLES

Starting with a leadership quote stated by Harold Geneen that "Leadership is practiced not so much in words as in attitude and in actions", on 1.08.08, the discussion begun...with few definitions of leadership as,

Definition:

Leadership is an elusive quality that can be hard to define. Here are a few people who have tried...

"A leader is a dealer in hope." Napoleon Bonaparte, French soldier, statesman, revolutionary (1769-1821)

"A leader is best when people barely know that he exists, not so good when people obey and acclaim him, worst when they despise him. 'Fail to honour people' they fail to honour you.' But of a good leader, who talks little, when his work is done, his aim fulfilled, they will all say, 'We did this ourselves.'" Lao Tzu, Chinese founder of Taoism, author (6th Century BC)

"A leader shapes and shares a vision which gives point to the work of others." Charles Handy (1992)

"Leaders are individuals who establish direction for a working group of individuals who gain commitment from these group of members to this direction and who then motivate these members to achieve the direction's outcomes." Conger, J.A. 'Learning to Lead' San Francisco: Jossey-Bass (1992, p18)

"Leaders are those who consistently make effective contributions to social order, and who are expected and perceived to do so." Hosking (1988, p.153)

Dr. Mohammed had asked who is a leader?

And has given his view as the following, highlighting the various styles of leadership with examples.

Leader is an individual who influence people..

he might be like Hitler i.e autocratic

he might be like Dr.M.G.R i.e charismatic

he might be like Nelson Mandela i.e democratic

other one Laissez-faire which we dont like...

I emphasized on the characteristics of a leader and on the ethical leadership.

3.08.08

Dr.Vimal had stated about the different styles of leadership, leadership scores and had suggested for a self assessment of the leadership questionnaire that may give feedback on aspects of leadership and for self improvement. He had added few lines describing a leader and it goes on like this...

A leader is best

When people barely know that he exists

Not so good when people obey and acclaim him

Worst when they despise him.

Fail to honour people,

They fail to honour you.

But of a good leader, who talks little

When his work is done, his aim fulfilled

They will say we did it ourselves

- Lao Tzu - 6th Century BC

Discussion on Various Theories :

Traits Theory : Defines the qualities of a leader

Behavior Theory : Explains what the leaders actually do?

Contingency Theory: Explains leader capability and other variables within the situation.

Transformational Theory: Focuses the team on bigger goals

Feroze had stated that it was interesting and could learn about different theories of leadership and especially about the Great man concept and contingency theory.

4.08.08

Supten has stated that, “ As a leader in medical education, one is supposed to give advice to medical students, especially the freshers”, How to go ahead in that is expressed very nicely by the Editor of the British Medical Journal, published in December 2003.

Chitra has quoted a leadership definition:

On Leading and Managing...

Leadership is not magnetic personality—that can just as well be a glib tongue. It is not "making friends and influencing people"—that is flattery. Leadership is lifting a person's vision to higher sights, the raising of a person's performance to a higher standard, the building of a personality beyond its normal limitations.

Peter Drucker

Sylvester had contributed his view and has stated that the questionnaire which Dr.Vimal had sent was very useful and informative and have given an article about the qualities of a good leader which gives us a knowledge of seven qualities of a good leader. He had also asked for the evaluation of the psychological profile of a good leader.

Seven Qualities of a Good Leader

By Barbara White

How often have you heard the comment, “He or she is a born leader?” There are certain characteristics found in some people that seem to naturally put them in a position where they’re looked up to as a leader.

Whether in fact a person is born a leader or develops skills and abilities to become a leader is open for debate. There are some clear characteristics that are found in good leaders. These qualities can be developed or may be naturally part of their personality. Let us explore them further.

Seven Personal Qualities Found In A Good Leader:

1. A good leader has an exemplary character. It is of utmost importance that a leader is trustworthy to lead others. A leader needs to be trusted and be known to live their life with honesty and integrity. A good leader “walks the talk” and in doing so earns the right to have responsibility for others. True authority is born from respect for the good character and trustworthiness of the person who leads.
2. A good leader is enthusiastic about their work or cause and also about their role as leader. People will respond more openly to a person of passion and dedication. Leaders need to be able to be a source of inspiration, and be a motivator towards the required action or cause. Although the responsibilities and roles of a leader may be different, the leader needs to be seen to be part of the team working towards the goal. This kind of leader will not be afraid to roll up their sleeves and get dirty.
3. A good leader is confident. In order to lead and set direction a leader needs to appear confident as a person and in the leadership role. Such a person inspires confidence in others and draws out the trust and best efforts of the team to complete the task well. A leader who conveys confidence towards the proposed objective inspires the best effort from team members.
4. A leader also needs to function in an orderly and purposeful manner in situations of uncertainty. People look to the leader during times of uncertainty and unfamiliarity and find reassurance and security when the leader portrays confidence and a positive demeanor.
5. Good leaders are tolerant of ambiguity and remain calm, composed and steadfast to the main purpose. Storms, emotions, and crises come and go and a good leader takes these as part of the journey and keeps a cool head.
6. A good leader as well as keeping the main goal in focus is able to think analytically. Not only does a good leader view a situation as a whole, but is able

to break it down into sub parts for closer inspection. Not only is the goal in view but a good leader can break it down into manageable steps and make progress towards it.

7. A good leader is committed to excellence. Second best does not lead to success. The good leader not only maintains high standards, but also is proactive in raising the bar in order to achieve excellence in all areas.

These seven personal characteristics are foundational to good leadership. Some characteristics may be more naturally present in the personality of a leader. However, each of these characteristics can also be developed and strengthened. A good leader whether they naturally possess these qualities or not, will be diligent to consistently develop and strengthen them in their leadership role.

When **Supten** could initiate the psychological evaluation through the article, “The Psychological Assessment of Political Leaders: With Profiles of Saddam Hussein...Simonton in JAMA.2003; 290: 1386-1387”, **Reem Abraham** and **Avinash** could collect more information about the article and has discussed the following:

From the large and prominent photographs of Saddam Hussein and Bill Clinton on the front dust jacket, their names in a font larger and bolder than that of the main title, a reader might expect that the book consists of single, lengthy profiles of each. But, in fact, The Psychological Assessment of Political Leaders offers much more.

Editor Jerrold M. Post, MD, is professor of psychiatry, political psychology, and international affairs and director of the political psychology program at George Washington University. Previously, he worked for the Central Intelligence Agency, where he founded and directed its Center for the Analysis of Personality and Political Behavior. He has an impressive reputation as an expert on the psychology of political leadership and has been able to recruit contributions from among the top psychiatrists and psychologists in the field. Contributors besides Post include Margaret Hermann, Stanley Renshon, Peter Suedfeld, Philip Tetlock, Stephen Walker, Walter Weintraub, and David Winter. These researchers represent a diversity of approaches. Some favor qualitative analyses, others more quantitative. Some focus on motivation, others on cognition.

After an introductory chapter (Post, Walker, and Winter), part 1 has two chapters with overviews of "Leader Personality Assessment in Government and Academia." The first, by Winter, concentrates on academic research, whereas the second, by Post, treats how such assessments have contributed to government policy. There follows the core of the book, namely part 2, which contains seven chapters that together make up half the total pages. In these chapters, experts describe the diverse methods that they use to assess leader personalities. The methods fall into three categories. First, assessment may take the form of an integrated personality study, including the creation of a political personality profile (Post) and the psychoanalytic assessment of character and performance (Renshon).

Second, assessment may involve analyses of separate traits, with three examples presented: verbal behavior (Weintraub), motives (Winter), and leader style (Hermann). Third, leader assessment may concentrate on cognition, whether operational codes (Walker, Schafer, and Young) or integrative complexity (Suedfeld, Guttieri, and Tetlock). Although all these assessment strategies have been presented in previous publications, the chapters are valuable insofar as they provide updated reviews.

It is not until the last page of the final chapter of part 2, about two thirds through the book, that Clinton and Hussein enter the discussion. Part 3 is on application of the methods just surveyed to these two political enigmas. Hence, most authors contribute to at least three chapters: the general methodologic review in part 2 and two single-case analyses of Clinton and Hussein in part 3. Clinton's assessment begins with a qualitative psychoanalytic analysis (Renshon) followed by three quantitative chapters on his personality traits and motivational biases (Weintraub and Winter), leadership style (Hermann), and operational code beliefs and integrative complexity (Walker, Schafer, Young, Suedfeld, and Tetlock). Hussein is then analyzed using the same set of quantitative methods, namely personality traits and motivational biases (Weintraub and Winter), leadership style (Hermann), and operational code beliefs and integrative complexity (Walker, Schafer, Young, and Suedfeld). Hence, in terms of the quantitative chapters, the analyses of Clinton and Hussein are closely parallel, departing only slightly when it comes to the discussion of integrative complexity. However, the qualitative assessments diverge substantially. Instead of a psychoanalytic treatment, as Clinton received, Hussein is discussed in terms of Post's political psychology profile. This divergence is perhaps unfortunate because it destroys what would otherwise have been a systematic analysis of two political leaders by exactly the same set of qualitative and quantitative methods.

Finally, part 4 provides a wrap-up chapter, "Assessing Political Leaders in Theory and Practice" (Post and Walker), which helps to integrate the diverse perspectives and subjects into a cohesive whole.

It is hard to criticize a volume like this. To be sure, some might complain that this technique or that expert has been omitted. Others might have liked, in light of the recent events in Iraq, to have George W. Bush replace Clinton. A more serious complaint, perhaps, is that the book might be accused of falling into the same "pathography" trap that plagues many political psychobiographies. Clinton and Hussein were certainly not chosen because they exemplified ideal leaders. Not surprisingly, some of the chapters seem especially inclined to dwell on their vices rather than virtues. Perhaps it might have been a better strategy to include a leader with more admirable qualities, such as Nelson Mandela, to show whether the methods can discern the differences between good and bad leaders.

Yet these criticisms do not undermine the value of *The Psychological Assessment of Political Leaders*. Given the unquestioned expertise of the editor and the contributors, the variety of methods represented, the emphasis on both general and specific applications,

and the inherent interest of the two cases, the book is recommended reading for anyone fascinated with the title subject.

Dean Keith Simonton, PhD
University of California, Davis

Supten had thanked the contribution from **Reem Abraham** and had highlighted the following from the article:

First, assessment may take the form of an integrated personality study, including the creation of a political personality profile (Post) and the psychoanalytic assessment of character and performance (Renshon). Second, assessment may involve analyses of separate traits, with three examples presented: verbal behavior (Weintraub), motives (Winter), and leader style (Hermann). Third, leader assessment may concentrate on cognition, whether operational codes (Walker, Schafer, and Young) or integrative complexity (Suedfeld, Guttieri, and Tetlock).

Ashwini had replied as that was an informative note on different theories of leadership. She felt it is not easy to acquire leadership qualities and it requires a combination of inherent and acquired qualities. Otherwise every person who is given training should be a leader which is not true in all case. Some may have capabilities which becomes directed and enhanced by reinforcement with training etc.

I accepted the concept of **Ashwini** that leadership requires a combination of inherent and acquired qualities.

Again coming back to leadership theories, each level in the educational hierarchy creates a [new](#) environment and challenge. The classroom offers opportunity for the [teacher](#) to use both transactional and [exchange](#) theories.

Even transformational leadership can be put into place when a group environment is imposed upon the [students](#) and they have to come together to reach a common goal. The common thread is setting a goal, education, and facilitating change. The educational leader must be flexible and use the model the best fits the leader and benefits the group.

5.08.08

From **Sylvester**'s point of view, one of the debatable points is this: Are leaders made or born? An education leader may have different attributes when compared to a political leader.

I could add on to the view that, ““Leaders are made and not born”....!!!

[Worried that you're not a born leader?](#) That you lack charisma, the right talents, or some other secret ingredient? No need: leadership isn't about personality or talent. In fact, the best leaders exhibit wildly different personalities, attitudes, values, and strengths—

they're extroverted or reclusive, easygoing or controlling, generous or parsimonious, numbers or vision oriented.

So what do effective leaders have in common? They get the right things done, in the right ways—by following eight simple rules:

- Ask what needs to be done.
- Ask what's right for the enterprise.
- Develop action plans.
- Take responsibility for decisions.
- Take responsibility for communicating.
- Focus on opportunities, not problems.
- Run productive meetings.
- Think and say "We," not "I."

Using discipline to apply these rules, you gain the knowledge you need to make smart decisions, convert that knowledge into effective action, and ensure accountability throughout your organization.

Coming on to the Styles of Leadership I could contribute the following:

"Most effective executives use a collection of leadership styles, each in the right measure, at just the right time"... Leaders who have the authoritative, democratic, affiliative and coaching styles have the best climate and business performance.

6.08.08

Here is **Ravi's** brief take on leadership and educational leadership.

On going back through history, a few of the leaders who come to my mind are Alexander, Vikramaditya, some of the Chinese emperors, Prithvi Nartayan Shah, the founder of the kingdom of Nepal, Napoleon, Churchill, Hitler, Stalin, Roosevelt among others. Certain of these leaders were good others bad.

Increasing respect for personal freedom and the rights of the individual is a rather modern concept. If we look at some of the leaders I had mentioned they had committed atrocities and actions which would be unacceptable in today's context. At the risk of being opposed I would say that our present day society and the political system is among the most democratic and the most conducive to freedom which existed in the history of the planet. Ancient Greek was a democratic society but democracy was restricted to the citizens of Greece, the rich land owning aristocracy. Owning slaves was common and these slaves enjoyed few rights and privileges.

In South Asia, kings were dominant and the majority was supposed to rule according to an enlightened and democratic policy. Some did, many did not. The concept of divine right of kings and the king being a representative of God on earth slowly took root in many cultures around the world. A partnership was formed between the kings, the land owners, the priests to keep the rest of the population suppressed.

A more democratic leader who listens to opinions of others is becoming increasingly characteristic of educational leaders today. These days the leader is supposed to behave more like a mentor. A leader should set clear goals for his institution or department and empower his colleagues with the knowledge and devices to achieve the goal. Education is becoming increasingly money-oriented and corporatized. Certain aspects of corporatization are bad while others are good. Can we incorporate the good aspects and discard the bad?

I personally think a good leader should lead by example. The leader should be approachable. This is an important issue especially with students.

7.08.08

When developing our leadership skills, we must soon confront an important practical question, "What [leadership styles](#) work best for us and for our organization?" To answer this question, it's best to understand that there are many from which to choose and as part of our [leadership development](#) effort; we should consider developing as many leadership styles as possible.

08.08.08

The role of leadership in management is largely determined by the organisational culture of the company. It has been argued that managers' beliefs, values and assumptions are of critical importance to the overall style of leadership that they adopt.

Supten had given an interesting insight on "teaching" by dolphins suggesting that they may have a "Theory of mind."

Ashwini had stated that it was a good note on the leaders of the world. According to here the characteristics of leadership in the past was different from the present one. Before, leaders were of authoritative while the present leaders need to be more ASSERTIVE than authoritative. Since the literacy is more now, every individual expects his self esteem to be maintained. So no one likes to be bossed over.

Links:

Definition:

http://www.griffith.edu.au/centre/gihe/griffith_graduate/toolkit/leadership/why03.htm

<http://www.leadership-studies.com/lsw/definitions.htm>

<http://www.leadershipa.jsenterprise.com/Leadership.php>

http://www.wisdomquotes.com/cat_leadership.html

<http://www.communication-skills-4confidence.com/leadership-traits.html>

Leadership Characteristics:

<http://www.career-success-for-newbies.com/leadership-characteristics.html>

Ethical Leadership:

<http://www.leadershipa.jsenterprise.com/Ethical-Leadership.php>

Leadership Questionnaire

http://www.nwlink.com/~Donclark/leader/bm_model.html.

Advice to medical students

<http://www.bmj.com/cgi/content/full/327/7429/1430>

http://resources.bmj.com/files/talks/old_fart_speaks.ppt

Psychological Assessment of a leader

<http://www.joe.org/joe/1989spring/rb1.html>

<http://ieeexplore.ieee.org/Xplore/login.jsp?url=/iel2/830/2444/00069387.pdf?temp=x>

http://books.google.co.in/books?id=WZ8LrFV_ox4C&printsec=frontcover&dq=The+psychological+Assessment+of+Leaders&sig=ACfU3U1JGrJRteouK3-LQvo5Pm-API0hZA

Evolution of Leadership

http://www.associatedcontent.com/article/206127/the_evolution_of_leadership_a_comparative.html

Leaders are made and not born

http://www.hbsp.harvard.edu/hbsp/hbo/articles/article.jsp?articleID=6980&ml_action=get-article&pageNumber=1&ml_subscriber=true

<http://www.news.cornell.edu/stories/Oct06/leadershipTL.rs.html>

<http://www.stuffofheroes.com/Great%20Leaders%20are%20Made,%20Not%20Born.htm>

<http://blogs.briantracy.com/public/item/165371>

Leadership Styles

<http://www.legacee.com/Info/Leadership/LeadershipStyles.html>

http://www.collaborativenetworks.net/jeff/downloads/htm/winning_management_styles.htm

http://www.nols.edu/about/leadership/leadership_types.shtml

<http://www.legacee.com/Info/Leadership/LeadershipStyles.html>

http://www.collaborativenetworks.net/jeff/downloads/htm/winning_management_styles.htm

http://www.valuebasedmanagement.net/methods_goleman_leadership_styles.html

<http://www.see.ed.ac.uk/~gerard/MENG/ME96/Documents/Styles/styles.html?>

Traditional Versus Inclusive Leadership

http://www.griffith.edu.au/centre/gihe/griffith_graduate/toolkit/leadership/why02.htm

Interesting to know about 7 Types of leadership stories!!!

http://thinksmart.typepad.com/good_morning_thinkers/2004/08/7_types_of_lead.html

"Theory of mind."

http://www.world-science.net/exclusives/080807_dolphin

WEEK 2 – CONCEPTS & PRINCIPLES OF LEADERSHIP / DEVELOPMENT OF LEADERSHIP SKILLS

08.08.08

As a start we discussed on the concepts and keys for effective leadership and went on to the principles of leadership and leadership models...

No man will make a great leader who wants to do it all himself, or to get all the credit for doing it."

-- **Andrew Carnegie**

To inspire our workers into higher levels of teamwork, there are certain things we must be, know, and, do. These do not come naturally, but are acquired through continual work and study. Good leaders are continually working and studying to improve their leadership skills; they are NOT resting on their laurels.

10.08.08

"Teaching is at the heart of leadership," - Eli Cohen and Noel Tichy.

"Leading starts with getting others to size up the realities of a situation and to understand what responses are needed. Then it is getting them energized and motivated to deliver those responses effectively and efficiently."

I stated about an article which dealt about the leadership skills and training for the health care team...

11.08.08

Ashwini had replied about the same article stating that, the article tells the role of a physician at the community level as a leader. If we take up a primary health center, the medical health officer becomes the leader of the whole team. It depends on him as to how he organises the various programmes and in turn lead to the success of the health programmes. As a leader he can do a lot of things at the village, taluk, district level depending on the position he holds. This may lead to change the whole picture of rural

India.

But for all this, as a leader he needs to be

- dedicated
- knowledgeable
- a man with a vision
- good communicative skills
- a fair and judgmental man

Nirmala, could also gain lots of information on practical points to be followed in community leadership from the same article.

11.08.08

"Leadership is the energetic process of getting people fully and willingly committed to a new and sustainable course of action, to meet commonly agreed objectives whilst having commonly held values"

There is an option for online self assessment with a questionnaire based on the 4E's Leadership Framework - Envision, Enable, Empower and Energize, designed by Mick Yates. It helps you self-assess how well you are doing in using the 4E's Leadership activities, and provides directional pointers on how you can improve.

12.08.08

Nirmala, wanted to add "Empathize" in the list of eight rules for leadership. That is, the leader should always think from the view of subordinates before taking any wise decisions. These decisions are always welcome by the subordinates or followers even though they are not consulted during the decision making process.

Leadership can be developed by acquiring the following competencies.

Competency	Description
Getting and Giving Information	To communicate, verbally and non-verbally.
Understanding the Needs	To be sensitive to one's self and to others.

and Characteristics of the Group

Knowing and Using the Resources of the Group	To be aware of the many traditional and non-traditional resources available.
Controlling Group Performance	To guide the group in getting the job done and keep the group together.
Counseling	To help others solve their own problems.
Setting the Example	To show others a better way.
Representing the Group	To represent the interests of the group to others.
Problem-Solving	To prepare a course of action and to reach goals.
Evaluation	To observe what takes place in a situation, observe people's reactions and understand them, and to make recommendations for improvement.
Sharing Leadership	To use the style of leadership most appropriate to the context, encouraging varying levels of group participation.
Manager of Learning	To create learning situations.

Leadership can be learned...

Leadership competencies cannot be acquired in a few training sessions or in a single training course, but only as the result of a long-range development process over a number of years. Leadership development must begin during the formative years of youth, and is a life-long process that never ends.

Ashwini had replied that it was a very nice and simple description of the competencies to be and that can be acquired.

She had contributed few points. Se has stated that, my problem is... if in a department, if there are two sets of people-one being the senior group who are not very active proworking type. Another group of junior faculty who are full of zeal and work with an interest to achieve and become successful may because of the age and new phase they enter into after studentship. Now being the HOD and leader of the department if he or she find it easier to get her work done by the juniors. Is it right to get work done by people who do it or are self motivated. Because by doing this, there may be neglect of the senior staff who inspite of discussing things do not make an effort to complete certain works. Being a leader and balancing all these acts becomes difficult. However good your communication skill is and counseling done things don't get better. This leads to conflicts within the department. And a good leader may get affected psychologically and breakdown. How to deal with this. ???

Supten had replied **Ashwini** that, she has enlivened the discussion by bringing out a very relevant issue.

Good leaders will try to avoid "conflicts within the department" by employing some skills of "conflict management".

13.08.08

I replied **Ashwini**, stating that, **Supten**'s articles regarding the conflict management was excellent and it has highlighted our first session topic which Dr. Ray had spoke, on the five conflict handling modes: Competing, Collaborating, Compromising, Avoiding and Accomodating.

“HEAL IT” – Conflict Resolution Model which we have learnt on the same discussion will also be a measure to resolve the problem and over come the situation.

But as a Leader we have to analyze the situation where situational leadership plays an important role for an educational leader.

Dr. Saira had replied to **Ashwini** stating that, she has indeed brought in an interesting and pertinent skill every leader must acquire - that of conflict resolution. Dr.Saira had also suggested for a discussion on conflict management.

Principle centered leadership....

We can learn from this short story....

The story of a woodcutter: “Sharpen the Saw”

He had to cut a huge amount of timber, working hard from dawn to dusk at his task -- but never getting past the first tree. When asked by a passerby who observes the woodcutter wearing himself out with no apparent progress, "Why don't you sharpen the saw?" he replies with determination, "I can't -- too busy sawing."

This habit represents the requirement to continuously improve our production capability. A simple but powerful quality principle is often violated: If we want higher performance results, then we must develop and renew the necessary resources for increased performance capability.

Personal continuous improvement means sharpening the saw in each of four interdependent dimensions (Physical, Mental, Socio-emotional and Spiritual) we all share as human beings. They represent our capacities to achieve whatever goals we seek. Chitra had commented on this story, according to her view it reinforces that learning is a life long process, which brings us to the point which Ashwini had raised about some people being complacent and not open to new ideas and putting spokes when others want to work.

The lesson is... *“Unless we accept that change is the constant and strive to improve ourselves everyday, we will get left behind and have a great inferiority complex”*.

16.08.08

Ashwini had asked a question!!!

Now in a department we find all type of faculty. Sometimes the younger faculty may be more energetic, good ideas, capability to implement certain new objectives and have the qualities to lead or involve members. But this attitude may not be liked by the other faculty who are more experienced than us to ego, over exceeding them in academics etc. This may come in the way of the achievement of a young aspirer. They may get snubbed, discouraged. How to tackle this is problem?

Dr.Supten, has replied this question by stating that, she has asked a very practical and realistic question.

Some of the answers (attitude management) to her question (though from a hardcore management article) are nicely provided here:

The essence lies in having an appropriate "attitude", knowing one's real worth and yet not treading over the perceived domains of the higher ups.

Dr. Ramalingam has replied for the same as, I will rate this question as an alltime great of this Listserv and would give it the title of "The Question of Listserv"!

While all others have been discussing scholarly expositions (whatever that means!), here is a question that is absolutely down-to-earth, and in my mind is a very important and ubiquitous problem that plagues Indian academic community!

My most hearty congratulations to you, **Ashwini**, to have raised a question that cannot be more relevant, most particularly to Indian context. Of course not to ruffle any national feathers, barely a day after our 61st Independence Day, let me add that this disease is prevalent elsewhere too, but I think it is kind of concentrated here, and redressal mechanisms are deficient in our set-up.

Be that as it may, I will describe one of my experiences as a case study:

- I was once denied an opportunity to talk about something all because I was not an Associate Professor at that time. I was not prepared to take a 'No' and I went to my Principal who said that I may be given an opportunity and if I did OK I may continue in that Department or else I should quit. I did well, got a positive feedback and continued as an active member in that Department and later developed a project around it and was selected for an International Fellowship on its strength! Of course, if that Principal had not been there, I do know it would have been a harder battle, all because I was not the Associate Professor kind at one stage of my career!.

. What do you do under such circumstances?.

Conventionally, text-books of Management and experts would say that conflict management and change management strategies can be deployed, and ways found. These work when the differences are largely issue-based. But, a boss denying an opportunity for you not to implement a project that in all fairness you have already discussed with him does so not because of any issue with the project but because of one with you-'the person'. Let us face it – it is jealousy or fear or both! How do you work around this? I am not sure if perfect ways have been found yet how to appease a jealous boss! One of the ways the junior Indian academic community has over the years overcome this problem is by way of assuring the boss that his/her name would be there in the project, or the publication etc., He – the boss, I mean - doesn't have to sweat. The junior will do all the work and get it published with the boss's name as one of the co-authors. How unfair?. Little do they realize that it is perfectly honorable if you are not published but absolutely dishonorable if you are published under such circumstances. We all know that it may be extremely injurious to our career and project as well, if we spoke up the truth upfront, It results in such waste of time ,

energy and emotion that creativity and openness take a far back seat. Some of the usual ways are:

- o Repeated representations with a positive outlook – very time consuming, erratically productive, demeaning to self.
- o Stand up and passionately defend yourself – Undiplomatic, counter-productive in the long run, but might result in immediate success. Hell and women have no fury like a boss scorned!
- o Talk to your boss's boss – very dicey and tricky. It depends on your boss's boss is a scrupulous guy and such other multiple factors including the relationship between them.
- o Look out for who is going to be your boss and develop rapport-Same as lobbying. Another name for curry-favoring. Very useful, but sounds mean. Perhaps, globally practiced more widely than suspected or admitted. Called under different names of ' Proactive', "Winning Ways", "Win-Win Deals' etc.,

Read the poem below:

Man was made to Mourn: A Dirge

'Many and sharp the num'rous ills
Inwoven with our frame!
More pointed still we make ourselves
Regret, remorse, and shame!
And Man, whose heav'n-erected face
The smiles of love adorn, -
Man's inhumanity to man
Makes countless thousands mourn

- Robert Burns

And, incidentally, Robert Burns lived in mid to late 1700s. Time does not wither, not just Cleopatra's beauty but ugliness of human spirit as well!

Dr.Supten had replied **Dr.Ramalingam** stating that Thanks for the personal perspective and pearls of wisdom.

Sometimes though "unfair" or "unethical" epithets are individually perceptible and foregoing on verbal promises or assurances or even completely forgetting them may be "fair" to the higher up! The whole realm of "ethics" and "etiquette" rely on good practices and trust rather than written laws or contract. And, especially in the realm of scientific publications the demarcation appears to be more fuzzy.

I remember a line by the great poet Rabindranath Tagore who had sung: "neither of us can understand each other's words - the more one goes on exchanging words, the more confusion arises"

Hopefully other wise nuggets will follow from the other participants.

Dr.Ramalingam had answered **Dr.Supten** as,

Thanks for the personal perspective and pearls of wisdom..... [Not sure that I completely agree on my posting containing 'pearls of wisdom', unless they are also individually perceptible!](#)

Sometimes though "unfair" or "unethical" epithets are individually perceptible and foregoing on verbal promises or assurances or even completely forgetting them may be "fair" to the higher up! ... [Promises and assurances are traded for certain endpoints particularly in a professional environment, and it is important to see them all in a total perspective rather than in isolation. Very often if not always , unfair and unethical practices intimidate rather than encourage those below.](#)

whole realm of "ethics" and "etiquette" rely on good practices and trust rather than written laws or contract.... [Absolutely, but we all have developed mistrust of each other that written laws and contracts cannot be avoided. Additionally, it makes clear the expectations, deliverables and the timeline, so that both know where they are and what they are trading in!](#)

And, especially in the realm of scientific publications the demarcation appears to be more fuzzy.

I remember a line by the great poet Rabindranath Tagore who had sung: "neither of us

can understand each other's words - the more one goes on exchanging words, the more confusion arises" --- [And then below you ask others to share their 'wise nuggets'!! Well, confusion is not to be abhorred, because it stirs up your thought and may be clarity will dawn!](#)

Dr. Amol has replied that Article on attitude management was very good and stated that it is important to control '3A' and the '1E' ie (Anger, Anxiety, self-centric Ambition and Ego).

From my point of view, Senior faculty were once been junior, so knowing about this current generation, as a senior faculty they should try to maintain their position and at the same time should try to give a chance for the junior faculty for their development. I also attached an article on "tips for senior faculty"... which can be followed by the senior faculty.

Shital's point of view for the same question....

He has thanked **Ashwini** for posting the "real" question in this forum. He has stated that, we all have witnessed this in our life. As a younger faculty your new ideas and projects are not taken so seriously as the senior faculty. I agree with **Ramalingam** sir that you have to take a different path and talk to boss of your boos; however, sometimes that is also not going to achieve what you want. For instance, I was too once not allowed to have a full member of the Medical School Research Committee just because I was just a lecturer when I was the only one statistician/demographer working for the medical school. The rule, developed some 15 years ago at that time, demanded the members from Assistant Professor and above. We, the young faculty tried to change the system, but it never happened as our dean was not support of this idea. The consequences was severe as the committee failed to do any research work and a group of junior faculty who were interested in the research cum academics left that school including me. To conclude, young faculty can try to resolve the issue in the department, college and university but once you see that the rules that are not in their favour and going to stay for a long time then it might indicates you to search new institution where your ideas and leadership skills are valued. This is my personal opinion.

We have taken a different path here at PAHS: we have appointed young faculty to develop our curriculum and they have done a splendid job. We have also appointed them in various committees irrespective of their positioning and we are advancing well ahead of time. From our past experience, we found that most of the senior faculty are sometimes very strict on their ideas and understanding and even we found them far away from current advancement in their own field and especially the medical education. Having said that we have also found some senior faculty who were the "role models" for us and we will discuss this in the third week of this great PSG FRI month. Contributions from **Barani, Supten** and others are awesome.

I would like to say that you have to speak up if you feel that your voices are not being heard and then act appropriately. Thanks again for bringing this "burning" question in the forum. I would like to hear more from others.

Supten's has replied that, In "I Didn't See It Coming: The Only Book You'll Ever Need to Avoid Being Blindsided in Business" (Hardcover) by Nancy C. Widmann, Elaine J. Eisenman, Amy Dorn Kopelan, it is written:

There are five laws that you absolutely must follow if you have any hope of creating, maintaining, and managing any productive relationship with your boss:

Never outshine the master: You're making a big mistake if you're outsmarting, outwitting, or outmaneuvering your boss. Always do your best, but do it in a way that complements your boss' strengths.

Make your boss look good: Engaging in a smart game of professional flattery positions you as a person who is not only ambitious, but also supports company objectives.

Exceed expectations: If your achievements make your boss look great, she won't see you as a competitor but as an indispensable member of the team.

Bring solutions, not problems: The smartest way to succeed and get promoted is to be the person that your boss looks to first when there is something that needs to be done, managed, or fixed.

Protect your boss' back: First, keep confidential any professional or personal issues that might reflect negatively on your boss. Second, stand in for your boss without hesitation if he is ever unavailable—but be sure to give him credit. Finally, never use your position to trade information.

18.08.08

Dr. Saira had relied that, the seven steps, attributes, key areas of successful leadership and all the links within. Extremely educative and illuminative..

Kudos Ashwini! By bringing centre stage an interesting and practical work place dilemma you have brought into the discussion unparalleled vigour and wisdom. Heartening indeed it is to see the senior faculty so supportive and perceptive to knowledge, appropriate attitudes and skills, rendering irrelevant the receptacle from where it all oozes!. Can the ushering of the 61st Independence Day get any better with democratic thoughts/perceptions spearheading the discussion in listserv? Thanks Sir, for the hope... and the vision and the strategies for attitude management.

I agree with Komala that at least some of the 'laws', actually the last three to be specific, shared by Supten from "[I Didn't See It Coming: The Only Book You'll Ever Need to Avoid Being Blindsided in Business](#)" (Hardcover) by Nancy C. Widmann, Elaine J. Eisenman, Amy Dorn Kopelan can pave the way not just to get heard but heard right. Shital's experience is an eye opener in that direction

The learning experience on the listserv has always been awesome for me, this time around am awestruck as well! Thanks are due, once again, to you all for the insight and wisdom.

Dr. Nalin had stated that, a lot has been said in response to the 'great question'.

It stems from a real life situation, and I guess, just about everyone on the listserve has faced it. Also, just about everyone has 'surfaced' out from the problem with an end result which might have been positive or negative. You don't win them all but there's no harm in trying like Ram did.

People may offer you all kinds of advise but at the end of it all, you have to face the situation all by yourself. The important things is to be polite and courteous all through so that you do not rub your colleagues (especially senior colleagues) the wrong way through impertinence. Now, you don't have to go about flattering your seniors also. It becomes very obvious and puts them off. Put forth your proposal, preferably in writing, with a cc to the Head of the Institute so that it records your initiative. Peruse the proposal

periodically and find opportunities to justify your point of view through meaningful discussions. If things don't work out, try again later, but don't just give up.

No knee jerk reactions or threats stating "I'll quit if I'm not permitted to do so....." UNLESS you can walk the talk and quit. This is best done when you have a better alternative (job) at hand.

.....just my 2 cents worth.

Dr. Ashwini has replied to **Dr. Ramalingam**:

According to me, there are only two possibilities in the practical way, not to spend time going by the text rules.

- 1) come from above authorities (as u have nmentioned)
- 2) the rapport with the boss and higher authorities might be favourable that is if your lucky.
- 3) a bit difficult one, be strong minded, dont give up try , try again and prove your caliber in action

Nirmala had replied that, the Top 7 Business link was very good and the best way to deal with Aswini's question is ask the chief of the dept to go through this website. It will help them to get an insight about the contributions of the young and energetics and how would they help in achieving the departmental goals.

I think, no administrator really will like to oppose their sub-ordinates if they want to be in peace(7 ways to be in peace) and get going.

Like Jannet had said, any new innovative project- include the chief into it. Then work will go smoothly. But most of the time it is not possible, mainly when the name and fame is involved. The leader should learn and realize that "the growth of the team is their growth" as quoted in this website.

Links:

Keys for effective leadership, Principles of leadership and leadership models can be viewed here:

<http://www.nwlink.com/~donclark/leader/leadcon.html>

Here is a link that tells about the Leadership skills and Training for the health care team:

<http://www.amsa.org/programs/gpit/leadership.cfm>

4E's Leadership Framework

<http://www.leader-values>

Interesting links to learn the 11 leadership skills

http://www.whitestag.org/skills/lga_ggi.htm

http://www.whitestag.org/leadership_resources/index.htm

<http://www.learning-for-life.org/exploring/resources/99-720/x10.pdf>

Conflict Management. The third link will allow you to download a 300-page book.

<http://www.managementhelp.org/intrpsnl/basics.htm>

http://www.managementhelp.org/grp_skill/grp_cnfl/grp_cnfl.htm

<http://www.cnr.berkeley.edu/ucce50/ag-labor/7labor/13.htm>

Interesting links to know the top 7 Steps To Develop Leadership Skills , Attributes of top leaders, key areas of successful leadership and the ways how the leaders create accountability

<http://top7business.com/?Top-7-Steps-To-Develop-Leadership-Skills&id=2113>

<http://top7business.com/?The-7-Attributes-of-Top-Leaders&id=2007>

<http://top7business.com/?Top-7-Key-Areas-Of-Successful-Leadership&id=1836>

<http://top7business.com/?Top-7-Ways-Leaders-Create-Accountability&id=2215>

Principle centered leadership....

<http://www.qualitydigest.com/nov95/html/prin-cnt.html>

Attitude management

http://www.managementtutorial.org/mba_counseling/sudhir/articles/oct_article_07.htm

Tools and tips to tackle conflicts

<http://www.articlesbase.com/advice-articles/how-to-manage-conflicts-effectively-and-efficiently-354408.html>

WEEK 3 – ROLE MODEL AND MENTORING / ROLE OF LEADERSHIP IN MEDICAL EDUCATION

16.08.08

"A true leader is hated by most, and respected by all.. A follower is liked by all, and respected by none."

--Scott Smigler

The Mentoring Framework

The purpose of mentoring is always to help the mentee change something - to improve their performance, to develop their leadership qualities, to develop their partnership skills, to realize their vision, or whatever. This movement from where they are ("Here") to where they want to be ("There") provides one dimension of the mentoring model.

The means by which purpose is achieved, that is the mentee gets from Here to There is by taking action into their environment. Without action nothing is achieved and nothing changes. This movement from within to without, from the mentee to their environment provides the second dimension of the model. (This framework is derived from Danielle Roex's Right Relations work.)

Combined, these two dimensions create the Mentoring Wheel which describes a change process made up of four phases; Freeing Up, Envisioning, Implementing, and Sustaining.

17.08.08

Dr. Feroze has replied that the concepts on mentoring are very succinctly outlined. One interesting quote in the article -

One of the lessons is that my job is not to be their best friend.

My job is to be their mentor, and my job is to be their boss or

supervisor.... I had this sort of egalitarian thing where I was

trying to run a professional laboratory, but I was also wanting

to be buddies with everybody.... I have come to realize the alternative—

to have a little distance. Things work better if it's clear

that I am the head of the lab.

—Charles Murry, University of Washington School of Medicine

Some how I don't agree...is it really difficult / impossible to be 'buddies' with the people you are mentoring?

Dr. Supten has replied **Dr. Feroze** saying that - We shall revisit Mentoring in October. One of the facets of mentoring may include "being authoritative" in matters of certain decisions. In that case, a "friendly" advice may be valued less than a "fatherly" or "teacherly" advice. The same may apply if the mentor wants the mentee to "learn" some "trick of the trade". We often feel that a friend or peer may not be the best source of "knowledge" while a "mentor" or "teacher", especially one who has already "been there and done that" could be a valuable resource. Of course "being friendly" is not something to be avoided totally - but - as an analogy, think of your parents as your "friend".

On my turn, I have asked, **Why is mentoring important to leadership development?**

Developing yourself as a leader does not happen overnight, and will be a continuous process of learning, discussion and reflection. The mentor plays a crucial part in this in helping to tackle any issues and blockages that may arise during the programme. The mentor's role is to challenge and support and at times act as a 'critical friend', providing insight and focus in working through challenging or complex issues.

A mentor probably may not involve in the personal issues of the mentee and advice on personal matters but can provide a moral support as a critical friend...

Excellent role models will always inspire, teach by example, and excite admiration and emulation. Mentorship differs from role modelling in that the mentor is actively engaged in an explicit two way relationship with the junior colleague - a relationship that evolves and develops over time and can be terminated by either party.

Dr. Shital was impressed by the Positive and Negative Role Models in the discussion and had replied stating that, I would like to quote from the slide "Incidents of humiliation" which says: "Almost all the reported perpetrators were male doctors and three quarters were senior medical staff, particularly during ward rounds". I agree that positive role modeling must be related to the clinical skills while negative role modeling should be used referred to the inadequate humanistic and collaborative attitudes. Once we used to be cynical with the negative role models but now we know how to use them to teach our students the "hidden curriculum" and not to become like them. We strongly believe that there should be a set of attributes for our faculty as we developed for our students. Most importantly, I am very happy to see the nomination of "Time" as the key factor in the clinical teachings.

We have found a great importance of mentoring in medical education in Nepal. Attaching one mentor for 2-3 (if possible 1-2) students would give the tremendous support to the students. Experts believe that attaching clinical faculty from beginning is much more effective but we have not found the same true in our context. Listening can in fact change a lot and a good mentor is the one who is active listener rather than the one who intervenes time to time.

Dr. Feroze had pointed out his view that, they had the system that **Shital** had mentioned in St. John's Medical College, Bangalore and has added, "I do not know if it is still in place. I agree that good mentoring is more passive than active. I guess it mainly involves letting the students decide for themselves with guidance and good advice rather than actively trying to steer them on a particular path".

18.08.08

Dr. Saira had replied that "Mentoring as well as being mentored is an art, a skill to be cultivated. As the list for the desirable traits of a good mentor rolls out, parallelly so does one on being mentored! Making the right moves, indeed. The mentoring cycle is another interesting read". And she has also asked... **Feroze**, are we not buddies enough in the FAIMERly?

Reply from **Dr. Supten** to **Dr. Saira**, "Taking on the example of FAIMERly, even the Fellows of 2008 batch seem to look up to the Fellows of 2007 and to the Faculty Mentors - somehow or other smelling of some "hierarchy" or "pecking order"! Ideally a listserv (or ML-Web) is supposed to be a fair playing ground for "peer-to-peer" learning. Often that gets obscured by our current positions! Of course if the whole world was like a plain land, no water would ever have flowed down from the high mountains like rivers (of knowledge)!"

Dr. Sylvester stated that, "I think that these are thoughts to ponder about. We had a system in which all medical students during the under graduation had been assigned a mentor who was usually faculty level of Associate Professor and above.

It involved guidance and assistance during the course. It was invaluable for those who had issues to resolve. I can only fathom the impact that a good mentor could make in a student's life. Quite a few of them decided that they did not want to pursue a career in medicine and shifted to other specialties like management etc.. and are doing extremely well. I would like to think that it took some guidance from a more mature person to help someone reach that conclusion.

In the end I would like to point out that the ideal mentor is perhaps just that, an ideal. But it would help immensely if there was a system that delivers guidance and advice when needed to better someone's life.

Dr. Ashwini has added her point for the same. She has stated that even in her institution, they have the mentor-mentee system. But the ratio is 1:6 as the student strength is too

much. What are the uses of this mentoring? It is done at sometimes of the year. otherwise, certain students take advantage of it while others don't.

Dr.Ramalingam's contribution for this discussion.

I am very happy that a young budding community is discussing such things as role models, and dedicated mentors. In the current scenario, all this sounds like a faraway dream.

Since the time **Ashwini** belled the cat, I am in mood for washing yet another true but dirty linen in public. Not so much because I like to do so, but looking to see if we can build a lobby - group to fix some of the greatest maladies of Indian medical education.

Many of us would be aware of the following scenario (and me only too well as the Principal of an Institute involved in recruiting):

The Medical Council of India mandates that each Institution need have a certain number of faculty. It is not enough if you had a couple of highly motivated, and accomplished faculty in a Department, but you need to have a minimum number (emphasis intended), even if they are not motivated and accomplished. This has resulted in populating the Institutes with faculty of dubious and very often demonstrated poor quality, for the simple reason that there are not enough hands available.

Since the Medical Council of India's recognition is critically dependant on numbers and not how well they do their job, the Institutes cannot insist on quality lest the faculty feel being asked to do too much, and literally threaten to leave. Those in charge of recruiting are literally and metaphorically held to ransom and hostage.

This has resulted in what I would describe as ' absentee-facultism". We are all aware of absentee landlordism - where landlords will be away elsewhere but someone would be tilling and cultivating the lands and paying money to the landlords. A similar trend has set among the medical faculty as well. It is shocking, crude, and an unforgivable sin.

There are two kinds of absentee - facultism:

- Faculty Members materialize only for inspections, collect a certain sum over and above what we keep paying them as a retainershi amount.
- Faculty members are present half or full time but work as it suits them - far below par.

There are various mutations around this phenotype and I leave it to the readers' imagination.

Being a leadership community, we should at least examine such very practical problems, and spend sometime discussing how this serious ill that has set in our country can be eradicated. And then perhaps move on to discuss what you and I can do to be role models and perfect mentors. First things first.... Our efforts are good but they are not effective against the cancerous tides that threaten the vitals of the noble profession of teaching.

The house is on fire; we need to put it out before we perish. Whither medical education?

From my aspect I had said that, Role models play an important role in determining how medical trainees mature professionally and demonstrating clinical skills at the bed side is the most distinctive characteristic of an effective role model... Medical schools must respond to the needs of an increasingly diverse group of trainees by appointing clinical teachers more representative of the student body. They should be given leadership positions and assisted in obtaining academic promotions.

Teachers of medicine should reaffirm the enormous influence role models have on education.

I had replied to **Sylvester, Ashwini and others**....as....

It is nice to adopt this system of mentoring for the betterment of the students. Even we had a system of mentoring in our college with a more or less same ratio mentioned, but it is not going ahead actively. Gathering so much information about the effects of mentoring and the benefit attained by the students, it will be useful if we could restart it and work on it seriously.

19.08.08

Dr.Vimal in his reply to **Dr.Supten**, have stated that, "I do not subscribe to this "hierarchal" learning either and we have come a long way from the traditional guru-shishya relationship and the internment (almost bordering on bonded labour) in the gurkuls".

...and if the world was indeed like a plain land, we can create ways of allowing water to flow both ways, and not just from the high and mighty mountains.

Dr.Supten had answered **Dr. Vimal's** mail saying that, "I fully agree with you that "bidirectional" flow is ideal and commendable. And, that is the beauty of "peer-to-peer" learning. Unfortunately, we are trapped within our mindset and cannot easily "unlearn" the "guru-shishya parampara". The notable aspect of "peer-to-peer" learning is that the same person can act as a mentor or a mentee, depending on the topic of discussion.

Dr. Padma had replied for mentoring stating that, always friendly approach of mentor may not work out. But at the same time cannot omit completely the friendly way of moving or get things done.

Ultimate aim of the mentor is to develop two important skills in mentee - to improve the ability to self-aware and will, so that it enhances the effectiveness of mentee to achieve their goals.

Dr.Amol had thanked **Dr.Supten** for his valuable 'five laws' to maintain professional relationship. Thanks to both Ashwini and Shital, for raising this question. I observe that everyone wants to influence, control, direct and command others. No one wants to follow. I think, to be a good and effective mentor, you first need to be a good follower of someone who has great conviction in whatever s/he does. The process of following that someone should make you experience the things which you want to teach others. Thus, mentorship becomes a great responsibility to make your students live and experience your tested words. It should progress like an effective chain reaction. FAIMER family is a good opportunity to form such networks and chains.

Dr.Supten's reply to **Dr.Amol.....**

It is really nice that at last some sort of discussions is going on. In Bangla (my mother tongue) there is a proverb, "There are lakhs of gurus available but not a single shishya". Earlier also (during our June discussion) we had discussed that the teachers who had undergone a similar course (e.g., e-learning) formally are far better equipped as teachers (mentors) for such courses. Alvin Toffler had succinctly written in "Future Shock": "The illiterate of the future are not those that cannot read or write. They are those that can not learn, unlearn, relearn." He had also said that: "Change is not merely necessary to life - it is life". Only "life long learning" can make us better teachers, leaders and mentors.

Dr.Ashwini's reply to **Dr.Supten,**

The whole life is a learning process, the more you learn you become knowledgeable, that leading better judgement and decisions. Learning is a must at every age of life till the last breath.

Dr.Chitra has replied to **Dr.Ramalingam's** message stating that Ram has put it very succinctly.

The MCI members are also doctors, the need of the hour is for each one of us to introspect and see if we are doing our duties very conscientiously, being role models, and mentors, if that is done, then many would not take up the job of today's MCI inspectors also.

All of us need to ask our selves what would be the fruits of the seeds we sow few decades down the line. My take on life has been keep away as much as possible from doctors and lawyers! But has doctor teachers we need to share the blame for the current scenario.

As a nation we need to develop the essence of hard work, punctuality, discipline, commitment to a just cause and most of all a love and patriotism towards our country, only then we can move ahead.

Dr. Supten had replied stating that, “You are very right that we have to lead exemplary lives by being disciplined. In India the Defence Services and the Railways are the only two organizations that thrive on discipline and have in-built reward and punishment systems for day-to-day activities. If we look at a departmental web page of AFMC: <http://afmc.nic.in/anaesthesiology.html> we can see that they take pride in not only undertaking extensive training and research work (including external Projects) but also in displaying them publicly. Unfortunately many of the Inspectors of MCI are themselves not great achievers, therefore, they do not expect or cannot appreciate outstanding contributions.

Dr. Ashwini had replied for the same as. “She agrees regarding the faculty absenteeism. ultimately It is the student and the community that is going to be affected. As result of this, the quality of teaching standards reduces, the research activity reduces- progress of the department and in turn the institution and lastly the community is definitely going to be affected. We have to seriously give a thought to this. We have to make every effort to curb these vicious ideas. I feel this dearth of faculty is mainly due to increase in the number of medical and dental colleges coming up. MCI AND STATE GOVERNMENT should be strict and stick on to standard criteria while permitting a new college to open up.

I have stated that, “Leadership skills are essential for the health professionals. Effective leadership cannot be taught in one course or clinical experience, but rather must be integrated into every level of curriculum.

And Dr. Ashwini had agreed to this point and replied that, “Yes I think that it is high time that we are focused only on the subject. We need to start taking up leadership skill, management, communication skill training for the betterment of our health education.

Dr. Debby Diserens has contributed that, “I have been enjoying the conversation on leadership and thought the attached paper was relevant to this thread of the conversation.

20.08.08

I had replied **Dr. Deborah** stating that, “The article which you had attached was interesting and nice to receive your inputs for this discussion”.

The list out causes for the failure to address leadership and management in health care was informative.

It is true that the role of health care managers is not sufficiently valued, many people think that doctors and nurses are automatically good leaders, the role of managers have changed and still they have not taken measures to keep in pace and effective ways of improving leadership and management skills are still not been clear.

Dr. Meera had replied for the same message, “I have been following the conversations. The article that was sent in by Debby answers all our feelings”. As the article proposes we can start at valuing leadership and management roles in health care at our own level and recognize persons who play these roles well (so students can learn from these role models)instead of waiting for bigger offices like the MCI to change policies .

Dr.Ashwini's reply for the same...

The article emphasize more in the context of a developed country. The scenario is entirely different in India (developing country). We are usually appointed as Medical health officer at Primary health center level after internship.

The leadership starts here. We have to be administrators other than being doctors. The staff usually includes 4-5 nurses, clerks, attenders and a pharmacist. In our rural setup, except the officer the remainder is educated to limited level and belongs to the rural community. The attitude of them is rough and tough and not very submissive and because of corruption, they are the bosses and we have to listen to them. You have to try to get work done in a smoother way. However assertive you are or authoritative no one listens to us. Every work to be done needs expenditure from your own pocket. All the leadership skill and characteristics we read in books are not at all very useful in this set up.

I am putting this because I was a medical officer in a PHC for 1 and 1/2 years and I failed as a leader for a team of 8 members. I could not get work done at the prescribed pace and I was not ready to go by the corrupt way of paying money and getting the job done. So most of the times I had to do most of the job myself. I preferred doing that. it is better than confrontation as the language in which they speak is unbearable and they start doing politics at a higher and a larger level. This affects you mentally. it literally made me depressed. I was not ready to forego my principles and ideals, so the best thing i could do was quitting the job. The system has not changed in the recent past. OUR NATION NEEDS A DRASTIC REVOLUTION TO OCCUR FROM BOTTOM TO THE TOP LEVEL. A DREAM I WISH TO COME TRUE. Hoping for the best....

Dr. Ravi had replied that to **Dr. Ashwini** that, “A few days back you had asked a question about younger and older faculty in medical schools. Here is my take on this subject. Dear Ashwini and friends, Thanks for raising a very important issue. In fact the over dominance of senior faculty in many levels of decision making is one of the reasons why there is lack of progress in medical education in the South Asian region.

In fact in global rankings of Universities and educational institutions showed very few institutions from South Asia in the list. One way of looking at this is that juniors may overshadow the seniors and so hurdles should be placed in their path. Another and a more broader way of looking at things is that if you help your juniors become more competent in their fields then some of the glory will reflect on you. You will be known as an effective team leader and motivator. Also research is rarely done by a single individual and you could actively contribute to research carried out by your juniors and can be coauthors in their research (provided you contribute and do not expect it as an automatic privilege because you are the HOD). In Pokhara we had a good team and the HODs were supportive. Some were actively involved while others were non-interfering. The worst possible thing according to me which you can have is an interfering HOD who has very little knowledge in research and teaching. When I was in Pokhara and I had heard about HODs actively discouraging research and their rationale was that the college is not a postgraduate institution. Research has for long been given step motherly treatment. The only research which is done is during the thesis and a variety of short cuts are tried. The guides are often not able to offer constructive and practical advice to the student. The PG students could have done much better research and could have produced articles which would contribute significantly to the literature if they had been provided proper guidance. The other aspect where there will be a lot of resistance is in the field of teaching. We continue to follow old teaching modalities some of which have long been discarded in other countries. We do very little research on how to improve and strengthen student learning. A common refrain which I have heard is that students from South Asia are doing very well in the United States and Britain among other countries. The persons who migrate are usually the cream of the batch and the host country only wants outstanding individuals. It should not be our endeavor to produce doctors for the developed worlds. We should produce doctors for our people and our countries. The inertia and the resistance to change is very strong at the departmental and administrative levels. In Pokhara we had an outstanding team who had carried out 'significant' research in the fields of student learning, drug utilization, pharmacovigilance, medication counseling and rational use of medicines among others.

The best way to tackle this problem according to me is to have seniors who are actively involved in research, teaching and are willing to explore newer modalities and have not closed their minds to change. Educating seniors who may not possess these attributes may be tried but I am quite skeptical about the success. I think the head of the institution should choose heads who would be good team leaders and who would work towards achieving the goals, objectives, mission and vision of the institution.

Dr.Sundarakumar has stated that, “**Ashwini** raised an issue and **Ramalingam** responded to the same....there are two things

1) The need by the MCI i.e. the NUMBERS so called qualified faculties, it is a sin we need to follow anyhow

2) The learners(students) poor fellows learning the wrong things from the wrong person but the right way

but life goes on with optimism

instead of doing the blame game the so called recruiters can form a group among various institutions and form an advocacy to the so called decision making body MCI ? my view may be critical but the need of the hour

The leader is the one who take step forward and not play the blame game

I may too critic on this issue but i feel the same way as Ramalingam but with a difference **Dr.Ramalingam** can initiate the advocacy.

Dr. Ramalingam had replied to **Dr. Sundarakumar**...

instead of doing the blame game the so called recruiters can form a group among various institutions and form an advocacy to the so called decision making body MCI ?.....
First off, statement of a problem is neither blame nor game!. It was brought in this forum so that it would sink in the collective consiousness and efforts will be made to redress such issues. We need to discuss such affairs so that we are able to build groups. We should stop being closet practitioners of leadership traits but come out in the open and discuss 'inconvenient truths'. I want you to carefully go through my mail where I have said that lobby groups aka. advocacy groups need be formed to fix these maladies immediately on a war-footing.

my view may be critical but the need of the hour..... Well, I thought not very differently about mine too!! :))

The leader is the one who take step forward and not play the blame game.....
Absolutely.Great insight, but seems to me out of context here!!!

I may too critic on this issue but i feel the same way as Ramalingam but with a difference... It does me proud that somebody could point out to me and say that I want to be different from me.Perhaps a role model on the reverse, not anatomically though!!! :)

Dr ramalingam can initiate the advocacy...Thank you profusely for the suggestion.
Incidentally, one way of advocacy is to state the problem and sensitize like minded people and push them to threshold of action.

From my view, Educational effectiveness for all students is crucially dependent on the provision of quality teaching by competent teachers who are equipped with effective, evidence-based teaching strategies that work, and are supported by instructional leadership that focuses on teacher capacity-building towards the maintenance of high teaching standards via strategic professional development.

Dr.Supten had thanked **Dr.Ravi** for getting actively engaged in the discussion on a very pertinent issue and has stated that one of the unfortunate facts remain that South Asian countries in general (Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka) do not sincerely invest in path breaking research. If we generate "new knowledge" that is also cited in textbooks, the authorities (Institute Authorities are goaded by the Regulatory Authorities) say "so what?". It cannot be counted as a "contribution". The lone criterion for being accepted by the Regulatory authorities is a "minimum acceptable qualification or degree" and "minimum number of days spent in a grade" irrespective of any teaching or research activity. If we look at other (advanced) countries, "the greater the difference between the value of a discipline's outside opportunities and its New Zealand academic salary, the weaker its research performance in New Zealand universities.": <http://www.bepress.com/bejeap/vol8/iss1/art21/?sending=10275>

Unlike technology Institutes, where research may be directly converted to "patent" and "royalty", the returns in medical educational sector are not immediately perceptible. Naturally, better students -who could become better teachers- and are research minded are forced to leave the country (for greener pastures) and if they do well, rarely return.

Dr.Chitra replied for the same...

This reminds me of two things.

When the family planning programme was running in the seventies, there was a lot of resistance among the people to accept it and health workers had to struggle a lot to promote family planning, thirty years down the line the scenario has changed a lot and that kind of pressure is not required among the people, they take the initiative.

I also remember the story of a single individual in Kashmir (I forgot his name) who single handedly made a pass through the mountains to help the people of his village to get access to the town where they could go to hospital/ trading etc, He set off on this journey, because he found that when his wife needed to be taken to the hospital he could not do so and the time taken to go round the mountains was too long more than a day! So single handedly for more than twenty years he hammered away at the mountains and was successful in making that pass which reduced the journey to half an hour. His wife did not live to see him complete the work and he also died recently. All the people called him a mad man but he worked with single minded focus and determination and achieved his goal.

If we are on the right path and our convictions are strong we can slowly bring about change. Some where we have to set the ball rolling and start the effort.

The seeds we sow now will start bearing fruit in a few years time.

Dr. Ashwini's reply to Dr.Ravi

I feel scope should be given taking the quality of ideas and work and not the years of experience in consideration. By this definitely the younger ones will give the credit for the support and encouragement given. The department will grow only if this attitude is present. And one more thing to be remembered, the more u learn at the starting level, we are going to be better in all aspects be it teaching, administrating or guiding the PG students. The earlier you put the efforts, the better person you become, and u r in a more advantageous position.

Dr.Komala had stated that, **Dr Ramalingam** has correctly pointed out the problems faced by Indian medical education about "absentee facultism".

I am not sure that requirement of numbers by MCI should solely carry the blame. If even this number requirement is not there instead of some number Absentee facultism I fear there would be **No faculty!** only.

In fact even with these requirements many colleges (including/especially Govt) has faculty shortage which they don't bother to correct until inspection is due leaving one or two faculty in dept to shoulder the burden.

Supten pointed out about the Defence Services and the Railways, the two organizations that have in-built reward and punishment systems for day-to-day activities. If system works for these two dept why not try to implement it for Medical Education as well. Maybe it will solve some our problems.

As Sundar says life goes on with optimism.

Dr. Animesh had replied for **Dr. Ramalingam** stating that, I compliment you on bringing forth the harsh reality and the "inconvenient truth" to the attention of the forum and raising very pertinent issues..

The number game is something which has become a necessary evil for most of the colleges. As a result of this, the ones that have regular, efficient and sincere faculty but lacking a little in number have to suffer.

At the same time, the MCI is not very transparent either when it comes to recognition of medical colleges. I also feel that they know about the unscrupulous practices but they are not very serious in curbing all of it, however much they may want to show and make us believe otherwise. The very fact that so many medical colleges are existing in the country and ever increasing in number just shows that the MCI is not very serious about the quality of medical education in India. Had it been so, to my mind, they would have seen to it that all the existing colleges have the requisite number and qualified and dedicated faculty. Till it is so we can go slow or even have a moratorium on mushrooming of new colleges. But that's not the case.

Even the issue of having Smart card (Smart IDs) has been forgotten. We had our forms submitted and photos taken more than a year ago for the same by a Mumbai based agency. We also paid about Rs 180 - 200 per person for the same. However we are still to see or even hear about the same.

Coming back to the issue of minimum number, I feel that the good institutions should forget about the minimum and think of a good balance which surpasses the stipulated norms. Just because the regulatory body lays down minimum criteria we should not have just the required. We can always have adequate no. needed for the progress and welfare. How many organizations which run the **business** of medical education think in this way? None or very few at the least.

Another trend seen these days is that of conferring Deemed University status on any and every institution. Of course there are certain criteria to be fulfilled but practically any institution that is 10 years or older in existence and has the financial and political backing is managing to achieve the same. As a result we soon will have 5 - 6 Universities in a small town like Mangalore (currently 3). How this will affect the quality of education is anybody's guess.

We need to ponder over the fact that how is it that there are institutions without the minimum stipulated number of faculty and even infrastructure continue to be recognised and even in some cases get PG seats sanctioned whereas some with much better infrastructure and number of faculty run into trouble with MCI?

Is there more than what meets the eye?? Is anyone listening?? Who needs to look at and address this issue? And who or what is to blame for this sorry state of affairs?

21.08.08

Mentoring is a lifelong process. Each of us has the potential to mentor another individual and to promote the role model of mentor to our colleagues. Mentoring can be a powerful institutional strategy for personalizing individual faculty development.. Most importantly, mentoring is a philosophy about people and how critical they are to an organization.

Dr.Shital has replied for mentoring.. that, "The power of mentors may not lie in a particular model they provide the protégé, but rather in their capacity to wake them up to important lessons. The mentor provides a **safe, secure culture** in which protégés can **develop ideas/innovations**, ensuring they receive the recognition that their efforts deserve. Additionally, an effective mentor takes pride in the growth and accomplishments of the protégé, garners respect from others as a result of working with them, and will bask in the accomplishments along with the protégé."

Therefore, we must understand the value of mentorship and should try to apply it in our settings. At PAHS, we are currently developing set of attributes for the faculty as we did for our future graduates. We are also trying to foster and instill the peer to peer mentoring and we have decided to attach a senior faculty/colleague as a mentor to the junior/new faculty. We hope this will not only help as "a powerful institutional strategy for personalizing individual faculty development" but also helps us to retain our faculty.

22.08.08

Leaders have to work on each individual leadersubordinate relationship. They have to show "individualized consideration" (Avolio/Bass 1995) to increase satisfaction and performance of their subordinates. This can be attained by two means:

(1) Management development tools have to be used in regular time intervals to improve social and communicative competences of managers. Expert knowledge and technical competence are not sufficient to perform well as a leader.

(2) [Communication tools on a personal level – like individual career talks – have to be institutionalized to improve the information flow between management and employees.](#) This will lead to higher identification, realistic estimates of individual capabilities, and acknowledgement of personal achievements, which allows building a partnership in the workplace, ensuring the improvement of satisfaction and performance within any company.

Dr. Feroze had replied...

Great articles as usual. Especially the one on leadership in dental education /'the dean's leadership course'. Is something like that available / possible in India?

I could send few links related to course on leadership in India.....

23.08.08

Dr. Sundarakumar had contributed an article for leadership and had stated that, Leadership has been fascinating every one.... do you all know the difference between the leader and the boss?.. The leader believe in others doing it for the team.... boss is the one who expects others to do it for him...

25.08.08

Nirmala had replied to Dr.Ramalingam, Animesh, Chitra, Aswini, Supten and others,

I am happy to see the hot and current issue of medical education being discussed here. I agree with Dr. Ram's view on 'Faculty Absentism'. But in a way, we the private institutions are the root cause for these type of malpractices. To get away with the inspections successfully, many private institutions encourage one day faculty, one day principal (even) paying a huge amount. There are agencies to arrange such faculty for the inspection. The arrangements are done so well that the inspectors are not able to find the truth.

I agree hundred percent with Komala and Animesh that if you dont have a set standard, there will be no faculty in the profit oriented Institutions. In Bangalore, there are Nursing colleges where the PG courses are conducted by UG faculty inspite of so many inspections conducted by Indian Nursing Council, State Council, University and Government.

The Faculty Absentism is very dangerous that it can demotivate a sincere faculty appointed on regular basis and it can motivate them to follow the wrong footsteps if they are strong in their principles.

WE the educators should show the right path for our students. They are smart. They will choose the best for them.

Dr. Komala had replied **Dr Ramalingam** and others,

All of agree that Absentee Facultism associated with demotivation of sincere faculty is a serious problem in our country. I agree ith you that we should spend some time discussing how this can be discouraged or better be eradicated.

I feel the most effective way is to initiate reward and punishment methods.

As far as I know these absentee facultees are shown as full time faculty to MCI along with complete attendance including income and form 16 is shown as proof . Most of these faculty will have alternative career with separate income. Initiating investigation to check for double income, source of income, income tax paid using their Pan card is one way of identifying them and disciplinary measures can be initiated both aganist institutions and aganist the faculty

Initiating a reward system for sincere faculty based on feedback from faculty and other student, will also help.

Also some fields like Pharmacology and forensic medicine, where there is lack of faculty, recognizing part time faculty will ease some of problems faced by institutions.

Dr. Animesh had thanked **Nirmala** and replied, that, I agree with what you have said. We need to change the system and show the path.

The system is conducive to such agencies and practices that you have mentioned. If the profit oriented "business-like" mindset is involved in running higher institutions, then the welfare of students takes a back seat. However, having said that, there are some very good private institutions which are having excellent standard and doing some great work. Some of these, I would like to add, are better or even matching the best institutions in the country. However, corruption, the root cause of all evil, results in such unhealthy practices and sometimes the good institutions also have to pay the price of not yielding. Anyway I think this is beyond the scope of this discussion.

However, its good to note that at least we are sensitised to the issues and are thinking about right and wrong and contemplating some action. Thats where and how every reform begins.

Dr. Supten had replied to **Dr. Animesh** that if we look at: http://en.wikipedia.org/wiki/Nobel_Prize_in_Physiology_or_Medicine very few physicians or surgeons have received the Nobel Prize for Physiology or Medicine.

What does that imply? Practicing physicians, in general, do not "generate new knowledge" but simply apply some knowledge that is generated (to a large extent) by non-medical researchers. In view of that, the Indian (MCI) system of insisting on a "medical" degree for a teacher is not addressing the core problem. If we look at the faculty members' list in any prestigious medical Institutes in advanced countries, many of them boast of outstanding researchers rather than "medical" degree holders.

Unfortunately, in our country "original" research is hardly encouraged or recognized.

Links:

For more information about mentoring and coaching model:

<http://www.mentoringforchange.co.uk/articles.php#mentcoach>

Also can learn about Eighteen Strategies for Your Improvement as a Mentor Leader from:

<http://www.mentoring-association.org/MembersOnly/MCoord/18ImprvLdr.html#11>

View how important is role models in making good doctors? from...

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1124228>

There is a site which more or less mentions the same thing called the Peer mentorship programme. <http://www.com.msu.edu/ss/mentoring.html>

Mentoring

<https://elgg.leeds.ac.uk/leadership/weblog/11571.html>

Here are few links highlighting this concept....

http://www.find-health-articles.com/rec_pub_17786746-training-tomorrow-s-teachers-today-national-medical-student-teaching.htm

http://findarticles.com/p/articles/mi_m0843/is_n9_v22/ai_18723159

<http://books.google.co.in/books?id=rhXsnbOmMBEC&pg=PT213&dq=Leadership+education+for+medical+students+-+educating+medical+students+in+medical+care+administration&sig=ACfU3U3zWW3EXosked-DfMiL4Mq111YgQ#PPT214,M1>

[OP4 Professionalize Leadership PY3 Version\(1\).pdf \(300KB\)](#)

Role model in medical education

<http://www.pubmedcentral.nih.gov/pagerender.fcgi?artid=1022423&pageindex=1#page>

Faculty mentoring programs

<http://www.aamc.org/members/facultydev/mentoringprograms.pdf>

<http://www.massgeneral.org/facultydevelopment/cfd/pdf/Helping%20Med%20Sch%20Faculty%20Realize%20Their%20Dreams.pdf>

Leadership in medical, dental and nursing education are highlighted in these links...

<http://lib.bioinfo.pl/pmid:11299176>

<http://lib.bioinfo.pl/pmid:17554089>

<http://lib.bioinfo.pl/pmid:17552352>

About the leadership courses in India...

<http://admissionsindia.blogspot.com/2008/08/hiv-fellowship-programme-clinical-and.html>

[http://education.indiabizclub.com/profile/1759988~sadhana_centre_for_management_@and@_leadership_development_\(scmltd\)~pune](http://education.indiabizclub.com/profile/1759988~sadhana_centre_for_management_@and@_leadership_development_(scmltd)~pune)

Shortage of Medical Faculty :

[Ananthkrishnan. Acute shortage of med teachers NMJI.pdf \(26KB\)](#), [6 Jain A. NMJI Acute shortage of med teachers 20-4-Correspondence.pdf \(27KB\)](#)

WEEK 4 – COLLABORATIVE LEADERSHIP**23.08.08**

"Integrity is the most valuable and respected quality of leadership. Always keep your word."

--**Brian Tracey**

Collaborative Leadership is a process or method to guide a diverse group of people to find solutions to complex problems that affect them all!!!

It requires a new notion of power...the more power we share, the more power we have to use.

24.08.08

Collaborative leadership embraces a process in which people with different views and perspectives come together, set aside narrow self-interests, and discuss issues openly and supportively in an attempt to find ways of helping each other solve a larger problem or achieve broader goals.

Six essential behaviors for successful collaborative leaders:

- Assessing the Environment
- Creating Clarity: Visioning and Mobilizing
- Building Trust
- Sharing Power and Influence
- Developing People
- Self-Reflection

25.08.08

Nirmala had replied stating that, the topic of this week's discussion 'Collaborative Leadership' is very interesting. I would like to know how it is different from democratic leadership? The explanation you had put up for Collaborative leadership matches with the democratic leadership too.

Can we take that the collaborative leadership is done at the same cadre level? If so, sharing of power does not come, as all will be having the same power.

“Democratic leadership is defined as the performance of three functions: distributing responsibility among the membership, empowering group members, and aiding the group's decision-making process.”

Democratic also called Group leadership style:

In many studies it is stated as democratic collaborative leadership

Democratic is otherwise participative leadership, and collaborative is also called as participative leadership...

What is Collaborative Leadership?

Collaborative Leadership is rooted in [democracy and participation](#), and in the belief that the complexity of today's problems can only be solved through a collaborative leadership process.

Borrowing from the principles of engagement put forth by Dick Axelrod in Terms of Engagement: Changing the Way We Change Organizations (2000), we believe that Collaborative Leadership:

- WIDENS THE CIRCLE OF INVOLVEMENT
- [CONNECTS PEOPLE TO EACH OTHER AND TO IDEAS](#)
- CREATES COMMUNITIES FOR ACTION
- [EMBRACES DEMOCRACY](#)

Nirmala had replied that the collaborative leadership is among the peers or organizations. It involves the same process as democratic leadership. But the level of people involved is different. For democratic leadership, it involves a team and its team leader. In collaborative leadership, it may be more than two or more team leaders working collaboratively for the same cause.

26.08.08

Collaborative Leadership

The transformative leadership that occurs through the facilitation or participation in collaborative learning groups. The collaborative ability to lead a group or organization through the active participation in sharing knowledge and experience and the high order social learning, thinking and communicating process.

Dr. Padma had replied stating about few definitions and about the seven secrets of effective collaborative leaders...

Some more Definitions

Collaboration:

A collaboration is a purposeful relationship in which all parties strategically choose to cooperate in order to accomplish a shared outcome. Because of its voluntary nature, the success of a collaboration is dependent upon one or more collaborative leader's ability to maintain these relationships.

Collaborative Leadership:

Collaborative leadership is the skillful and mission-oriented management of relevant relationships. It is the juncture of organizing and management. And whereas community and labor organizers are trained to patiently build their movements through one-on-one conversations with each individual they want to recruit, collaborative leaders do this and more by building structures to support and sustain these productive relationship over time.

The Seven Secrets of Effective Collaborative Leaders

1. Cultivate a **shared vision right from the start**... even if it's vague
2. Take care to **recruit the right mix to reach your stakeholders and decision-makers**
3. Become or ensure you've **identified the institutionalized worry**.

This is the person who will sustain the momentum and attending to the management details of the collaboration and engaging the perspectives and addressing the process needs of each individual partner in the work of the collaboration

4. To the greatest extent possible, ensure that each partner's individual and institutional self-interests are **served by both the process and products of the collaboration**.

5. **Don't waste time**. Meetings must be efficient and productive; management must be lean and driven. Remember: for everyone else this is no more than a second priority.

6. **Routinize the structure** and the Roster of Participants. Make the collaboration a regular item on participants' schedules.

Develop clear roles and responsibilities for participants (even if these roles and responsibilities regularly shift among partners).

Recognize that it is easier and much more popularly received to cancel a meeting or remove a responsibility than it is to add a meeting or responsibility to participants' lives.

And secure commitments from all participants that every human effort will be made to ensure that the same people come to the table each time the collaboration meets -- scarcely anything stifles creativity, productivity and commitment more than wasting time each meeting bringing a new delegate "up to speed".

7. All collaboration is personal. **"Inter-institutional collaboration" is a common misnomer**. Effective collaboration happens between **people-one person at a time**.

27.08.08

Discussion was on 25 dimensions of Collaborative leadership

28.08.08 & 29.08.08

Discussed on Collaborative Leadership for Community Clinic Integration, the tips and good practices of Collaborative leadership and Collaborative development program.

30.08.08

Leadership must be a collaborative approach between the professions to provide the best care for patients.

Collaborative working

Leaders in the health service work with a wide range of internal and external stakeholders. Effective leaders understand that truly collaborative working is therefore essential.

Features of this quality include:

- Ensuring that the strategy for health improvement, and the planning, development and provision of health services, are cohesive and ‘joined up’.
- Understanding and being sensitive to diverse viewpoints.
- Striving to create the conditions for successful partnership working.

Links :

<http://www.collaborativeleadership.org/pages/faq.html>

www.turningpointprogram.org/pages/pdfs/lead_dev/devlead_lit_review.pdf

Self assessment questionnaires for the behavioral views of Collaborative Leaders: http://www.collaborativeleadership.org/pages/pdfs/CL_self-assessments_lores.pdf

Democratic / Collaborative Leadership

<http://www.svscs.com/pdf/CollaborativeLeadershipProject.pdf>

<http://www.digitaldivide.net/articles/view.php?ArticleID=184>

<http://www.eskimo.com/~mighetto/lsstyle.htm>

<http://students.ou.edu/V/Claudia.R.Venturini-1/colleader.html>

<http://www.nmsa.org/Research/ResearchSummaries/CourageousCollaborativeLeadership/tabid/1588/Default.aspx>

<http://hum.sagepub.com/cgi/content/abstract/47/8/953>

Chapter 15: Transformative leadership and the process of change , from the book mentioned in this link explains about the Leaders as facilitators of change and transformation...

<http://books.google.co.in/books?id=EPFNkVDP2zMC&pg=PA255&lpg=PA255&dq=collaborative+leadership+in+medical+education&source=web&ots=nmi1jPpVPF&sig=xoU>

[q8DBitTESp6p0Pbyh79uXhUQ&hl=en&sa=X&oi=book_result&resnum=3&ct=result#PA250,M1](https://www.google.com/search?q=q8DBitTESp6p0Pbyh79uXhUQ&hl=en&sa=X&oi=book_result&resnum=3&ct=result#PA250,M1)

http://www.collaborative-leaders.org/25_Dimensions_of_Collaborative_Leadership.pdf
www.sociallogistics.com/Bfreshma.ppt

This link Highlights on the collaborative leadership development program and also provides a model for collaboration and sharing of institutional resources

<http://www.connectsemass.org/collableadership.htm>

Collaborative clinical leadership

http://www.cena.org.au/qld/brief_to_premier.pdf

The collaborative levels are also specified in a leadership framework specified in this link:

http://www.nhsleadershipqualities.nhs.uk/portals/0/the_framework.pdf

View Collaborative Leadership Qualities Inventory (CLQI) from this link:

http://www.iel.org/pubs/collaborative_leadership_qualities_inventory.pdf