

**EFFECTIVE LEADERSHIP IN RESIDENCY
JOURNEY: THE ROLES OF A
TRAINER/CONSULTANT**

Dr Kayode O. Osungbade
Faculty of Community Health
West African College of
Physicians

HIGHLIGHTS

Definition of leadership

Likert's four styles of leadership (Likert, 1960)

Discuss and illustrate how we provide effective leadership for trainees in residency journey

Other approaches to providing effective leadership

Some signs that may indicate that your leadership is weak or too soft

DEFINITION OF LEADERSHIP

Effective leadership is the ability to inspire, influence, support and motivate a person or people to work with a sustained zeal towards the achievement of individual or group goals

It requires the design of a work environment which will harmonize individual needs with organizational demands, leading to the creation of a purposeful, willing and harmonious work team

GOAL OF A RESIDENCY JOURNEY

The desired goal of a Residency Journey for any resident doctor is to complete all stages of his or her training at expected timelines

In our quest to helping our trainees achieve this goal, we ***inspire, influence, support and motivate*** them i.e. we provide them with effective leadership

LIKERT'S FOUR STYLES OF LEADERSHIP (LIKERT, 1960)

Participative style of leadership

Consultative style of leadership

Autocratic style of leadership

(i) Exploitative Authoritative

(ii) Benevolent Authoritative

Laissez-faire (Anarchic) style of leadership

PARTICIPATIVE STYLE OF LEADERSHIP

This is the most effective form of leadership of all the known styles

It promotes genuine participation in decision-making and goal setting

This style coincides with human-resources theory based on the level of lateral interaction between trainees and trainers

It is characterized by free-flowing lateral communication between trainees and trainers and use of creativity and skills; both of which allow trainees to become more involved in his or her training

PARTICIPATIVE STYLE OF LEADERSHIP

CONT'D

Both trainees and trainers agree on and accept goals because both are actively involved in their creation

Trainees have a high level of responsibility and accountability for these goals e.g.

- number and duration of clinical rotations or postings to be undertaken within a prescribed timeframe
- length of training before membership or fellowship examination
- minimum training period before overseas exposure along residency journey
- minimum number of post-mortems to be conducted per month

Trainers motivate trainees through a system that produces monetary awards e.g. scholarship awards, participation in goal setting, and trust from management

PARTICIPATIVE STYLE OF LEADERSHIP CONT'D

Trainers encourage trainees to get involved outside of their residency training and as such

Trainers help trainees to create relationships with employees of all levels within and outside the hospital e.g.

➤ representation of a trainer or a department by a trainee on a hospital committee meeting, program planning activity by ministry of health, drug presentation seminar by a pharmaceutical company, etc.

This participative style creates identification with the hospital, satisfaction, and higher production among trainees when compared to other styles

CONSULTATIVE STYLE OF LEADERSHIP

This is very closely related to the human-relations theory

Trainees have freedom to communicate and make specific decisions that will affect their work

Trainers talk to their trainees about action plans and problems before they set organizational goals e.g.

- what time best suits everyone to organize a departmental or unit seminar? Is it 7.00 am before the clinic starts or 4.00 pm after a ward round?
- Which unit is presenting at the next departmental mortality meeting? Is it endocrinology or dermatology unit?
- Who are the residents to be scheduled for the next endoscopy teaching session?

CONSULTATIVE STYLE OF LEADERSHIP CONT'D

Communication in this style of leadership flows both downward and upward, though upward is more limited

As a result, trainers make unit or departmental decisions with consideration for input from trainees

Hence, trainees are seen as consultants to previous decisions and are more willing to accept change because of their involvement in major decisions

However, trainers still have control over policies and general decisions that affect a department or unit

CONSULTATIVE STYLE OF LEADERSHIP CONT'D

This leadership style promotes a more positive effect on trainees' relationships with trainers and allows for more cooperation

Satisfaction derived by trainees in this leadership style is known to improve their productivity

Trainees gain motivation through rewards, occasional punishments, and little involvement in making decisions and setting goals

AUTOCRATIC STYLE OF LEADERSHIP

Is there a place for Autocratic leadership in residency training? Yes, there is

There are two types of Autocratic leadership:

- (i) Exploitative Authoritative
- (ii) Benevolent Authoritative

AUTOCRATIC STYLE OF LEADERSHIP CONT'D

(i) Exploitative Authoritative

Trainers have a low concern for trainees

Trainers use methods such as threats and other fear-based methods to get their trainees to conform e.g.

- if you are not in the clinic by 8.00 am tomorrow, please stay away!
- If you don't get at least 10 lumbar puncture procedures done and signed in your log book, you cannot write the next examination!
- If this patient does not get four doses of intrathecal administration of this drug at regular 8-hourly interval, you will push her into a vegetative state!

AUTOCRATIC STYLE OF LEADERSHIP CONT'D

In this style of leadership (Exploitative Authoritative), communication is entirely downwards

Psychological concerns of trainees are ignored

Lateral interaction between trainers and trainees is lacking

Trainees are expected to exceed their specified work hours as trainers force a large work load on trainees

The consequences of this leadership style include creating negative work environments and trainees are often found highly demotivated

AUTOCRATIC STYLE OF LEADERSHIP CONT'D

(ii) Benevolent Authoritative

Trainers have a low concern for opinions of trainees also

Trainers use methods or tools such as algorithms, protocols, standard operating procedures and log books to get their trainees to conform e.g.

- compliance with management protocol for neonatal tetanus
- use of algorithm for the diagnosis and treatment of sexually-transmitted infections
- compliance with guidelines on first and second treatment regimens of pulmonary tuberculosis
- minimum number of clinical rotations including durations to be done before
Part I examination can be attempted
- number and type of conferences to be attended before Part II examination

AUTOCRATIC STYLE OF LEADERSHIP CONT'D

This style results in mostly downward communication from trainers to trainees and little upward communication occurs

It makes trainers to exercise great control over trainees but in a structured and non- exploitative authoritative manner

This style motivates trainees through potential punishment and rewards

The consequences of this leadership style include 'boxed' resident trainees, lack of initiative and hostility among trainees because of the competition and anxiety that can created between them

LAISSEZ-FAIRE (ANARCHIC) STYLE OF LEADERSHIP

Is there a place for Laissez-faire (Anarchic) leadership in residency training? Yes, there is

Laissez-faire leadership, also known as delegative leadership, is a type of leadership style in which leaders are hands-off

It allows a lot of freedom and allows group members to make decisions

LAISSEZ-FAIRE (ANARCHIC) STYLE OF LEADERSHIP CONT'D

Laissez-faire leadership is characterized by very little guidance from leaders

- complete freedom for followers to make decisions
- leaders provide the tools and resources needed
- group members are expected to solve problems on their own
- power is handed over to followers
- yet leaders still take responsibility for the group decisions and actions

LAISSEZ-FAIRE (ANARCHIC) STYLE OF LEADERSHIP CONT'D

Appropriate in certain settings and situations in residency training e.g.

- when resident trainees already have the knowledge and skills required to function independently or
- when resident trainees have become experts and thus they are capable of accomplishing tasks with very little guidance
- Senior Registrars who have completed all their mandatory postings and have passed all prescribed examinations fall into this category of trainees
- Such resident trainees are already qualified to be appointed as consultant; however, they still remain under your unit or department because their residency period has not lapsed and are yet to secure jobs which are commensurate to their new status

LAISSEZ-FAIRE (ANARCHIC) STYLE OF LEADERSHIP CONT'D

This style of leadership can also be considered and applied effectively in situations where resident trainees are actually more knowledgeable and skillful than the trainer on a particular subject or on the use of a specialized diagnostic or treatment equipment e.g.

- a resident trainee who has just returned from a training on recent advances in the diagnosis and management of a disease condition
- a resident trainee who has undertaken a targeted training on use of a state-of-art equipment which the hospital has just acquired

Such a trainee can be allowed to demonstrate his or her deep knowledge and skill surrounding the management of that disease condition or use of the equipment

LAISSEZ-FAIRE (ANARCHIC) STYLE OF LEADERSHIP CONT'D

Laissez-faire leadership is not ideal in situations where resident trainees lack the knowledge or experience they need to complete tasks and make decisions or

where they are not good at setting their own deadlines, managing their own projects and solving problems on their own

Otherwise, training program can go off-track and deadlines can be missed resulting in poor job performance due to lack of guidance or feedback from leaders

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY

1. Supportive Supervision

Supervision is the process of keeping surveillance over the performance of assigned tasks. The objectives of supervision include:

- ensure that work is done according to objectives set and activities planned within the time allotted
- identify causes of work deficiencies & take immediate remedial action
- ensure that resources are not wasted
- recognise gaps in knowledge
- maintain good quality and standards
- recognise and reward good work

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

The process of supervision should include deliberate and specific efforts to:

- Listen attentively, share experience, offer advice and new ideas
- Train on the job, teach, explain, suggest ways to improve
- Analyse & interpret, resolve problems
- Confront and discipline only when absolutely necessary

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

2. Linkages to Centres of Excellence for learning and training (e.g. one-year abroad program):

This is part of our leadership responsibilities to residency trainees

It is on record that many of us have provided our resident trainees with opportunities of linkages to Centres of Excellence both in Nigeria and abroad

This is often facilitated through our established collaboration with centres where we had previously trained or with our research collaborators

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

3. Sourcing for funds to support Part II research project and attendance at conferences and meetings by trainees:

Trainers should consider sourcing for funds to support Part II research project and attendance at conferences and meetings by trainees as part of our leadership responsibilities, where and when possible

This is one of the effective ways of inspiring and motivating residency trainees

This is usually easily achieved by nesting residents' research project and attendance at conferences and meetings by trainees within an on-going research project or through a deliberate search for scholarships or grants

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

3. Sourcing for funds to support Part II research project and attendance at conferences and meetings by trainees cont'd: e.g.

My Part II project assessed dermatological and parasitological responses to a single dose of Mectizan in onchocerciasis endemic communities in Oyo State

My supervisor and trainer was the Medical Adviser for a local intermediary non-governmental organization in charge of an onchocerciasis control project

My trainer brought me on board as an Assistant Medical Adviser on an annual honorarium

All project activities including travels, data collection, laboratory equipment and consumables and field staff per diem were all borne by the project as its research component

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

4. Involvement of resident trainees as research collaborators and in manuscript writing:

This is another important leadership role which a trainer can or should aspire to play in the Residency journey of his or her trainees

Residency trainees are potential researchers and learning the art and skill of scientific writing even as residents is an asset they will value and find useful irrespective of their future endeavours

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

4. Involvement of resident trainees as research collaborators and in manuscript writing cont'd: e.g.

My first publication titled *“Health problems of automobile mechanics in Nigeria. Tropical Doctor Vol. 26, 102 – 104”* was co-authored with one of my trainers in 1996

This paper emanated from a small research grant that she was running when I rotated through her Occupational Health unit and she got me involved

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

5. Recreating self:

An effective leader should re-create him or herself

The popular eulogy that ***“the shoes that one is leaving behind are too big to be worn or the vacuum that is being created after one’s exit will be difficult to fill”*** should be viewed as a failure in leadership of that person

It only connotes that the leader who is leaving or has left the stage has not re-created him or herself

Trainers as effective leaders should aspire to produce greater leaders than themselves who will continue the good work after their exit

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

5. Recreating self cont'd: e.g.

The unit of Health Policy and Management in the Department of Community Medicine was manned by one trainer/consultant for many years

I joined the unit in 1998 as a new consultant and trainer

The unit evolved into a full fledge department on 1st August, 2010 with two full-time academic staff members, i.e. my trainer and I, supported by four associate/adjunct lecturers

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

5. Recreating self cont'd: e.g.

My trainer could only provide leadership as an acting head of the new department for just two months as she retired from service on 30th September, 2010

The leadership of the new department fell on me and I was left as a lone full-time staff to run the department (with the associate lecturers) until 2012 when another full-time staff member joined the department

The department did not collapse and now has 5 full-time staff members supported by three associate lecturers

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

6. Premature retirement to accommodate best trainees:

Often times, we complain about the inability of the system to absorb the best of our trainees due to lack of space

This situation was recently compounded by increased length of service to 70 years for university professors/consultant/trainer and 65 years for hospital consultants

Trainers/consultants to consider premature retirement as part of their leadership responsibilities and demonstration towards their trainees

This will create space for their upcoming trainees

OTHER APPROACHES TO PROVIDING EFFECTIVE LEADERSHIP ALONG RESIDENCY JOURNEY CONT'D

6. Premature retirement to accommodate best trainees cont'd: e.g.

A professor in the University of Ibadan once took this decision to bow out of service at 67 years of age as opposed to 70 years in order for his biological son to get employed

This was a nice gesture, which can be extended to our professional children (i.e. residency trainees) and can be negotiated with the management of the establishments where we work

SOME SIGNS OF LEADERSHIP WEAKNESS OR TOO SOFT LEADERSHIP

1. Your seminar meetings get off topic and take too long

Occurs when you have a few of the big or domineering personalities attending and participating in seminar meetings

They talk louder than everyone else, including you. All you hear are their thoughts, their ideas, their yeas and their nays

Even when you try to rein them in, they manage to barge right through and keep dominating

When you struggle to control the loudmouths, they don't respect your authority

It is a sign that you are not being forceful or commanding enough

SOME SIGNS OF LEADERSHIP WEAKNESS OR TOO SOFT LEADERSHIP CONT'D

1. Your seminar meetings get off topic and take too long cont'd

In that circumstance, the quieter trainers and trainees feel totally shut out from participating

Of course people should talk; intense conversations can signal a healthy team

But there still needs to be someone in the room with enough power to keep the conversation on track, on time and thoroughly professional

SOME SIGNS OF LEADERSHIP WEAKNESS OR TOO SOFT LEADERSHIP CONT'D

2. You regularly mediate conflicts between trainees

It is troubling when a leader trainer is regularly sucked into conflicts between trainees

Trainees should act like adults and resolve conflicts themselves, reserving the trainer boss as a mediator for only the most serious issues

When a leader has become too accommodating, trainees quickly figure out that they plead their case to the boss as they know that the boss will intervene on their behalf

But when the leader has a no-nonsense, 'suck-it-up' reputation, these manipulations are rare

But when the leader is seen as overly accommodating or appeasing, these manipulations will be a frequent occurrence

SOME SIGNS OF LEADERSHIP WEAKNESS OR TOO SOFT LEADERSHIP CONT'D

3. You see the same problem multiple times

Trainees must strive to avoid making the same mistake repeatedly

When trainees make the same mistakes again and again, that is often a sign that they haven't gotten the message or communication from the trainer is not effective that they need to improve

This is often the result of trainees believing that their gentle leader won't really follow through on enforcing consequences

Trainees need to know if they don't take their mistakes seriously, and work diligently and earnestly to improve, the consequences will be more than just a leader's look of disappointment

SOME SIGNS OF LEADERSHIP WEAKNESS OR TOO SOFT LEADERSHIP CONT'D

4. Trainees are not learning new things

Your trainees must continue to learn new things

Because if they're not, they are not growing and developing and it's a likely sign that your leadership style is too soft

Once a month, ask your trainees:

- “Hey, what’s something you’re better at now than you were last month?”
- If they don’t have an answer, follow up with questions such as, “What would you like to get better at this next month?” and
- “What new skills are you going to have to develop this next year to reach your big goals?”

SOME SIGNS OF LEADERSHIP WEAKNESS OR TOO SOFT LEADERSHIP CONT'D

5. High Attrition or Drop-out and Low Timely Completion rate of trainees

Successful and timely completion of training programmes should be ultimate goal of any trainee

However, personal or system challenges often do not make this possible

Challenges such as lack of funds; difficulty in balancing personal, family, work, and life challenges with study commitments, particularly female gender; problems with passing an examination and in selection of topics for research; lack of writing and analytical skills; insufficient motivation to complete training;

SOME SIGNS OF LEADERSHIP WEAKNESS OR TOO SOFT LEADERSHIP CONT'D

5. High Attrition or Drop-out and Low Timely Completion rate of trainees cont'd

Other challenges: dysfunctional supervisory experience; poor infrastructure in training institution - laboratory, library, faculty, internet; bureaucracy; and limited capacity of trainers to provide supportive supervision; etc had been documented as barriers to retention and timely completion of residency training

SOME SIGNS OF LEADERSHIP WEAKNESS OR TOO SOFT LEADERSHIP CONT'D

5. High Attrition or Drop-out and Low Timely Completion rate of trainees cont'd

An effective leader of trainees should identify these challenges early and assist the trainees to break barriers and surmount challenges so that trainees can move on and successfully complete their trainings timely.

If it is agreed that the success of a trainee is the success of his/her trainer, then we should also accept that the failure of a trainee is also the failure of his/her trainer and this could be viewed as leadership weakness on the part of a trainer

SOME SIGNS OF LEADERSHIP WEAKNESS OR TOO SOFT LEADERSHIP CONT'D

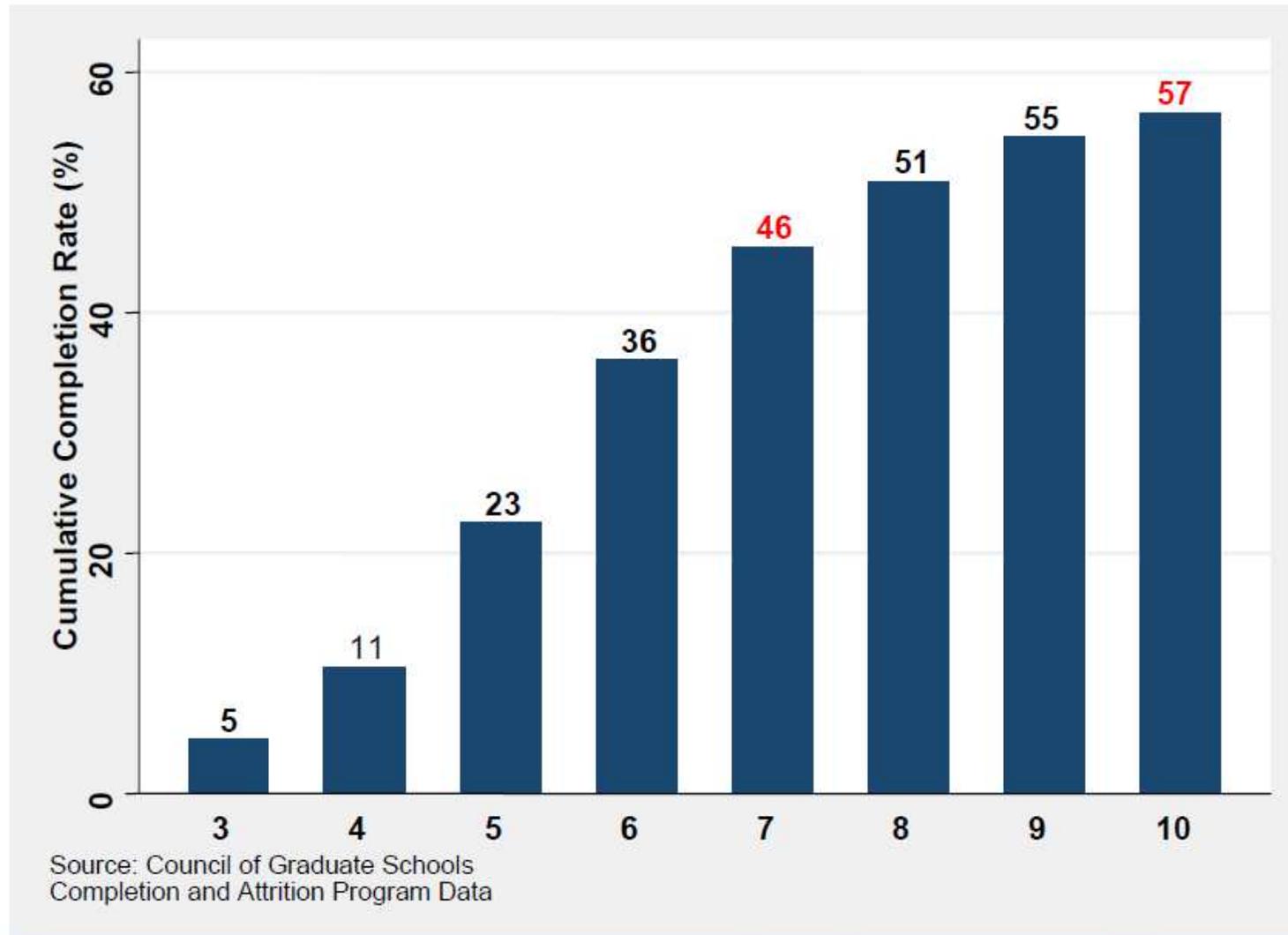
5. High Attrition or Drop-out and Low Timely Completion rate of trainees cont'd

On a note of caution, there might be genuine personal or system challenges and which are beyond the trainers and trainees to resolve

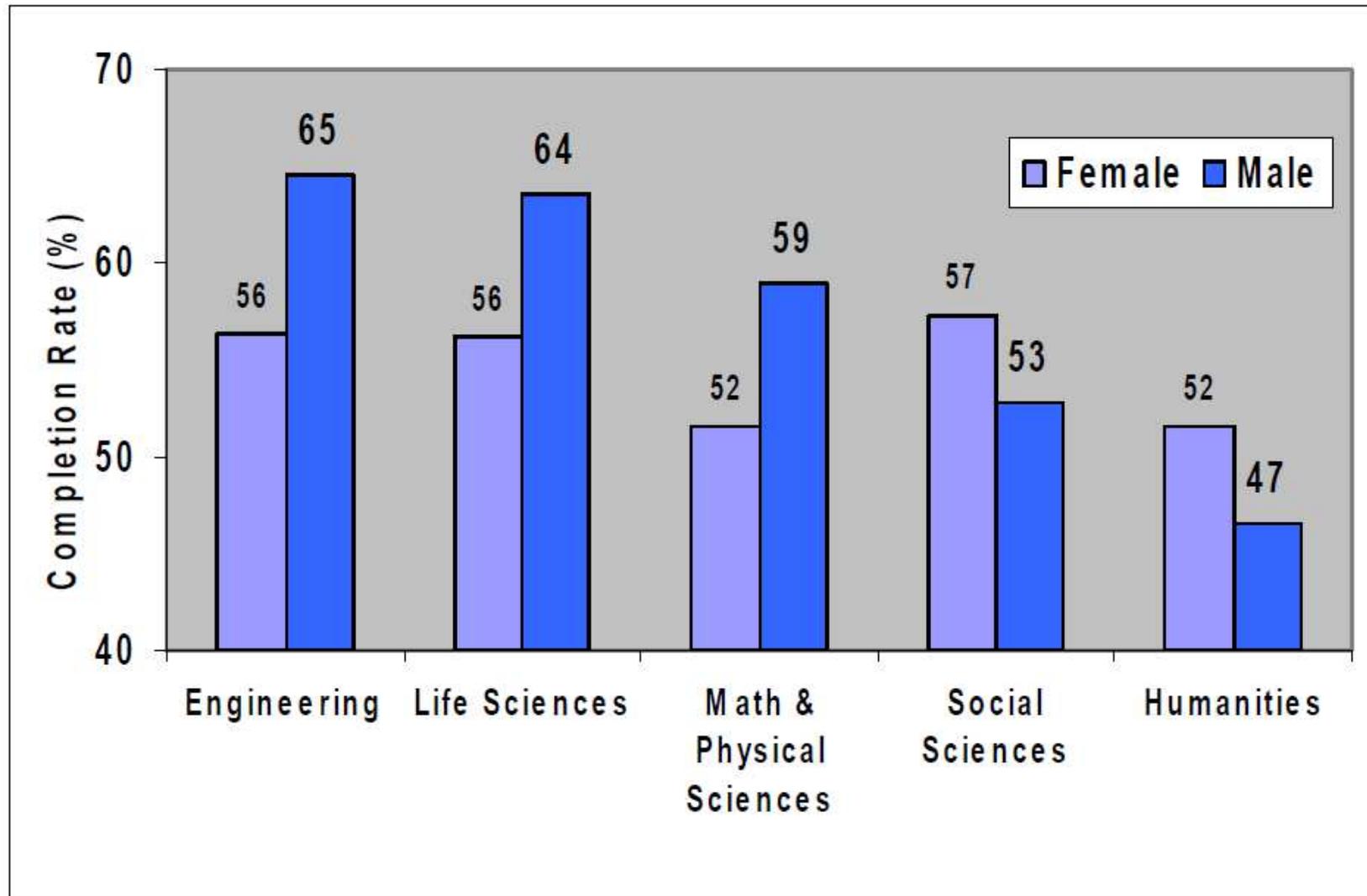
After all, experiences on completion rate of trainees on a PhD journey, which is less as rigorous as the Fellowship journey, are also not encouraging

For example, a review of timely completion rate among a cohort of 57 PhD students in a UK university showed that only five (9%) and 23 (40%) could complete and graduate at 3 and 5 years respectively. The review also corroborated female gender as completing at a lower rate than the male gender

Overall Ten-Year Completion Rates



Ten-Year Completion Rates: Broad Field and Gender



CONCLUSION

Performing the role of an effective leader for residents in the Residency Journey by trainers requires the application of different leadership styles and approaches

Trainers have to learn to deploy these styles and approaches in appropriate settings as all are very useful and relevant; furthermore, there is none that does not have an advantage over the other in order to produce expected results, if it is used in appropriate situation

It is also important to identify situations where our leadership is weak or too soft so that we can quickly introspectively assess ourselves and address the lapses

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I thank you all for the attention