



Normal Surprises: Inevitable Challenges for New Family Medicine Faculty

STFM Emerging Leaders Fellowship

Sara S. Oberhelman, MD

Department of Family Medicine, Mayo Clinic, Rochester, MN

Leadership Involves Set Up, Infrastructure, Time, Politics & Process



Webster's defines leadership as "capacity to lead" or "the act or an instance of leading." At the onset of this fellowship, I focused on the latter and imagined myself at the head of a conference table as we expanded Center Clinic services and changed Residency curriculum. However, I found that "the capacity to lead" involves identifying key players, establishing consensus, navigating a complex system, and executing many mundane and bureaucratic tasks. Many of my leadership activities involved me sitting alone with a computer sending emails.



Leader, Power & Authority



Within any organization there are those that hold the leadership roles, those that have authority and those that hold power. Sometimes all three exist with a single individual. Other times a person with no formal leadership title exerts a significant amount of power (i.e. the secretary in charge of schedules!). Knowing who to go to with each request or problem (and staying on their good side) is very important.

A Job is Not a Mission

School and training provide very concrete goals: study for a test, complete the rotation, accomplish a specific number of procedures, finish residency, find a job. On faculty, I struggle more to determine what I am now working towards. My mentor suggested I write a personal mission statement. She also stated that my job should not be my goal but a means to achieve my goals. Genius! I may not be able to change my job title or current responsibilities but I can use this job opportunity to achieve my professional life goals.

Anticipate & Ask



If I don't ask, I won't get it. If I anticipate it, it's even more possible.
Example #1: Asked for time (1 hour/month) blocked from clinical calendar to have mentor phone call for Emerging Leaders Fellowship. I went through proper channels (approved by Department and Clinic Chairs, then executed by head and personal secretaries). Success!
Example # 2: Asked for protected time for Emerging Leaders Fellowship project. My request was denied. I had not anticipated this need prior to beginning the fellowship and therefore had not included it when making fellowship plans. Clinical schedules had been created and budgets had been depleted. If I had anticipated the need and requested it, I may have received the protected time.

Job Security Matters

I am in a job that must be renewed year to year (non-tenure track type position). My first six months involved covering for other faculty's extended absences (i.e. maternity leaves). I then received a panel of patients assigned to me and soon after was allowed to open my obstetrical continuity practice. Yet it becomes difficult to take on leadership or identify career goals when job security does not yet exist.



Faculty Need Mentors

After being on the top as a senior resident, self esteem can take a nose dive when you suddenly end up at the bottom of the faculty totem pole. The newness and uncertainty can be as daunting as being an intern – without any formal support. Mentors can help new faculty interpret feedback, set goals, navigate a complex system and more. Mentors should include peers (other new faculty experiencing similar challenges), more experienced staff who have "been there, done that" and individuals from other institutions who can provide perspective. This was, by far, the most valuable element of the Emerging Leaders Fellowship!

The Practicum Project

Background: The Center Clinic is a non-profit health care clinic in Dodge Center, MN offering free care to low-income, uninsured and underinsured individuals. The clinic is informally linked to the Department of Family Medicine at Mayo Clinic in Rochester but no financial ties exist. The Department Chair is also The Center Clinic's founder and medical director and volunteer resident and faculty physicians from the department provide services one to two evenings per month. Three part time community nurses and administrative staff hold limited day hours.
Proposal: Both The Center Clinic and the Mayo Clinic Family Medicine Residency program sit at the brink of change. The Center Clinic hopes to expand its clinical capacity. The residency hopes to enrich community medicine education. Therefore, I proposed to formalize the relationship between the Mayo Clinic Department of Family Medicine and The Center Clinic in order to integrate The Center Clinic into the residency curriculum.

Anticipated Timeline

- Summer 2012:**
- Determine interest and goals of key stakeholders.
 - Establish level of formal relationship between Mayo Clinic and Center Clinic.
- Fall 2012:**
- Create a committee of interested individuals including residency leadership, residents, faculty and Center Clinic staff to explore the expansion of Center Clinic services via the Residency.
- Winter:**
- Recruit for patient/community advisory board to determine the community-perceived needs for the Center Clinic.
- Spring 2013:**
- Committee to plan initial projects of implementation.
 - Explore how Center Clinic service needs can be integrated into the longitudinal Residency Curriculum.
- Long Term Goals:**
- Expansion of Center Clinic services, designation as "Essential Community Provider" and/or "Primary Care Medical Home", implementation of HER, become residency continuity clinic site, become medical school REACH site.

Actual Timeline

- Summer 2012:**
- Met with stakeholders (Department Chair/Medical Director, Residency Program Director, Clinic Director). Brainstormed regarding goals.
 - Discovered no formal relationship existed.
- Fall 2012:**
- Worked with Mayo Clinic Legal Department and leadership to create formal relationship.
- Winter:**
- Continued to work with Mayo Clinic Legal Department and leadership to create formal relationship.
- Spring 2013:**
- Mayo Clinic Legal Department approved a formal relationship supporting the volunteer efforts of our faculty, residents and students.
- Future Directions:**
- Proceed with previous goals including recruiting a more robust group of volunteers.

Money Matters

It has been odd to learn that every hour of my day must be "bought" by either the residency, the medical school, or the department's research fund if I'm not on the floor seeing patients. Figuring out where the money comes from and where it goes is critical for new faculty to understand our jobs.



Newness as an Advantage

Being the newest kid on the block also means the advantage of having a fresh perspective. It provides an excuse to ask a naïve "Why?" A joking attitude also may get a point across. I became the first faculty in a shared office with a half desk. Rather than complain, I have created a running joke regarding my lack of an office drawer. When a senior colleague recently took on a new position, I joked that I would try get his drawer!



Training is a Sprint; Career is a Marathon



Staying up all night to cram for a test. Finishing the project by end of this month's rotation. Getting a paper published before graduation. This "sprint"-like attitude is necessary to be highly successful in a four year degree or three year residency program. We do it to successfully make it to our future career. I have found that now that I am in that career phase, if I maintain the mindset of a trainee, I will burn out quickly. Figuring out how to pace myself while keeping both the professional and personal elements of myself healthy on this 30+ year marathon is important, but it's a difficult mindset to change.



Emerging...Not Yet Emerged



Frequently during the course of this fellowship I felt as if I had accomplished very little because I was measuring success in the concrete terms of my anticipated timeline. However, I've learned a huge amount about the surprising developmental challenges of being a new faculty: the structure, roles and dynamics of my department and institution; the process of change; and the challenges of leadership after training. The shift from trainee to faculty is complex and hence slower than I imagined. I may not be there yet, but that's why I'm an emerging, not yet emerged, leader.

Thanks to STFM, Susan McDaniel (my mentor), and my department for their support in this fellowship!