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Leadership and followership within healthcare teams

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This thesis offers insights into the dynamics of leadership and followership within IHTs, with a particular emphasis on military settings which have implications for health professions education as well as the larger breadth of healthcare and society. Specifically, this thesis suggests that the key collaborative dynamics in IHTs include: (1) fluid role transitions; (2) active followership; (3) communication and trust; and (4) mutual respect. When focusing on how theories of leadership and followership help us understand these collaborative dynamics, three questions were raised: (1) Should leadership and followership be taught together; (2) What are the implications for patient care ownership; and (3) How do we approach hierarchy in healthcare?

This chapter discusses the impacts of this program of research on health professions education as well as the broader healthcare system and society. Ensuring that this research has a real-world impact is a priority. Finally, I'll detail the specific approaches and strategies I've used to achieve this, providing examples and evidence to demonstrate their effectiveness in translating research into outcomes.

Impacts on Health Professions Education

Within medical education, much of the emphasis to date has been on developing leaders and the requisite leadership skills. However, this thesis raises the importance of adding followership to the discussion which leads to the question, should leadership and followership be taught and discussed separately? As discussed earlier in Chapter 7, in my opinion leadership and followership are closely tied together and therefore should be taught and discussed together. In my view, context is what drives specific skills that are needed to be an effective leader and follower. As we found in the literature and through this thesis, leader and follower roles are fluid depending on the context. Therefore, the skills needed to be a good leader should overlap with the skills needed to be a good follower.

Through our studies, skills such as communication, understanding your role and the role of others, mutual respect, building psychologically safe spaces, adapting, and continual individual and team training all led to being more active members of the team. These skills are required for all members of IHTs no matter their role or positional title. Understanding this fluid movement between leader and follower roles can help individuals continually develop themselves and others around them so that each member of the team will be ready to step up into leader roles when needed or step back as appropriate. The ideas within this thesis can be used to help shape, create, and continue to develop leader development programs for undergraduate medical education (UME), graduate medical education (GME), continuing medical education (CME) and beyond. This also applies to other professions – nurses, psychologists, technicians – each member of the team should continually work on these collaborative dynamics to allow for more effective IHTs.

Additionally, there has been a focus within healthcare education on interprofessional education (IPE). Within leader development programs, especially at early stages of education, IPE provides a great way to allow learners to understand the roles of other members of IHTs, their perspective, and how they can more effectively work together. An exercise I developed for learners was to consider second generation activity theory.

I have them draw a system that they work within and to consider who is involved, what is needed, the guiding principles, stakeholders, personnel, and the outcome of the activity. Once this system is drawn, I build upon this and ask them to consider another person that is also working towards that outcome and consider the system that they would draw (third generation activity theory). The realization of the differences within the systems is always eye opening and something that has not been considered. Some learners have taken this exercise back to places they work and asked others to do the same and then compare systems. A simple exercise such as this can help move from IPE to more effective interprofessional collaboration (IPC). The hope with IPE is that it helps to improve IPC and ultimately patient outcomes. Focusing on developing opportunities within leadership programs for IPE to occur could help to foster a collaborative, team-based mindset from the onset of one's career. Programs could address the need for the collaborative dynamics discussed within this thesis.

Impacts on Healthcare and Society

Building upon the impacts on health professions education, these leader development program can help develop more effective members of IHTs – both leaders and followers. When we move out of education and look at healthcare and the broader society, these educational leadership programs can help lead to more effective IHTs. From there, with future work, we can move to determining how this will affect patient care ownership and hierarchy within medicine.

As we focus on patient care ownership, how do we determine who "owns" the patient? If we return to my dad's experience, each team of specialists "owned" the patient. They each determined what tests to run, what the diagnosis was, what the next steps were, and when the patient could leave. While each team owned the patient and led the patient care, they were all leaders. There were no followers in this situation. There was no collaboration between the teams of specialists. There seemed to be no coordination with anyone else on the IHT. My parents left confused and distrusting of the team as well as the organization as a whole. Patients feel better when they know that their teams are working together. Finding ways to provide individual as well as team continuous professional development (CPD) at all levels of training can help allow for the necessary collaborative dynamics to be met.

As we consider hierarchy within healthcare, we have to be aware of how hierarchy can be a facilitator as well as a barrier to education, training, and patient care. As discussed in Chapter 7, there are times when hierarchy is advantageous to IHTs and there are times that it is destructive. Through education and CPD awareness of the context can be evaluated and hopefully approached in the best way needed at the time. If we look at the healthcare system as a whole, hierarchy is deeply embedded within the system. Therefore, any change that needs to occur, must come from the organizational level, which will require understanding of the challenges that IHTs are facing to determine how to improve the system. As with IHTs, the healthcare organization needs to determine how to create psychologically safe environments, trust, and respect for all individuals. Change is not easy, yet through the lessons learned through this program of research as well as within the literature, the collaborative dynamics discussed are not static. They are dynamic, allowing for life-long learning to occur.

Finally, with the SotA methodology article, I hope this can be a resource for fields to help guide more rigor to these types of articles. As discussed, SotA articles are prolifically used, yet there was no guiding methodology to determine how to gather the information used within these articles. This methodology can provide articles that have more rigor and better evidence to be used within the field being researched.

Evidence of Educational Impact
Leadership is embedded into many undergraduate and graduate medical education (UME & GME) programs. Physician education has, to date, emphasized that physicians are IHT leaders. Yet, my dad's experience through his cancer journey, which is sadly not a one-off situation in healthcare, highlighted the importance of considering the followership role that physicians must also embrace. This is a concept that is relatively less studied and discussed within health professions educational contexts.

At the time of starting this PhD journey, followership was not included in any UME curricula. The ideas I discovered through learning more on followership allowed me to develop content for leadership program at my local institution, Uniformed Services University (USU). The framework we use to guide the development of the curriculum and assessments has been named the Leader-Follower Framework (LF2) after I started discussing the importance of everyone on the team, not just the leader.

Followership is introduced on day 1 of medical school (as well as part of the intro discussion for our year-long graduate school of nursing course and graduate student courses). Since most of our students are in the military, they are expected to become leaders. Yet, even within the military, they do not always lead. We felt that it is important to have that discussion around being a follower and recognize the influence one can have even as a follower.

Our medical student complete four field exercises over the course of medical school (one in each year). The assessment has been refined over the years and all four assessment tools include information about the learner's performance as a leader as well as a follower. In order to assess followership, we had to train our faculty raters on followership as well. We have added followership to the faculty development online course and make sure to discuss it in more details at the faculty training days so that it is understood.

This discussion of followership is extended to our health professions scholarship program (HPSP) learners. These are learners who do not attend USU, but will join the military after graduation from medical school. USU has developed an online course that addresses topics relevant to military medical officers. The topic of "leadership and followership" is one of the modules that I developed.

Additionally, we discuss followership at other medical/healthcare settings. At USU, we held three leadership education and development summits with select healthcare institutions in the US that are involved with leadership efforts at their schools/universities. The topic of followership was always one that was discussed. After three years of holding these summits, we were able to move the healthcare

leadership group to the International Leadership Association to allow it to grow and have a more global perspective. I am currently the chair of the Healthcare Leadership group and always add followership to the topics and discussions.

Evidence of Scientific Impact
Our article on the methodology to conduct a state-of-the-art literature review was used to create two additional articles in the Journal of Graduate Medical Education

- **Barry, E.S.**, Merkebu, J., & Varpio, L. (2022). Understanding a State-of-the-Art Literature Review. *Journal of Graduate Medical Education*. *14*(6), 659-662, http://dx.doi.org/10.4300/JGME-D-22-00705.1
- **Barry, E.S.**, Merkebu, J., & Varpio, L. (2022). How to conduct a State-of-the-Art Literature Review. *Journal of Graduate Medical Education*. *14*(6), 663-665, http://dx.doi.org/10.4300/JGME-D-22-00704.1

Between these three articles, they have already been cited over 100 times (as of September 2024). With the prevalent use of SotA reviews, we hope that these articles can provide a methodology that others can use to guide their articles and impact others on the topics they write to provide SotA information.

Creation of presentations and workshops that can provide a perspective of followership has been a valuable contribution to health professions education. Again, since leadership is the focus we take when we talk about developing, followership is often undervalued. Since the beginning of this program of research, I have delivered:

- 15 Peer-reviewed international/national presentations (e.g., Association of American Medical Colleges [AAMC], Association of Medical Educators of Europe [AMEE], International Leadership Association [ILA])
- 4 Peer-reviewed international workshops
- 3 Peer-reviewed local/regional presentations
- 1 Global Webinar with the International Leadership Association
- 1 Grand Round lecture
- 25 Invited talks and workshops with military institutions (to include Fort Belvoir, Fort Detrick, NAS Pensacola, United States Army Medical Research and Materiel Command, Walter Reed Army Institute of Research) and Universities (to include Massachusetts General Hospital, Texas A&M, University of Maryland, University of Pittsburgh, University of South Carolina School of Medicine – Greenville)
- 2 Plenary talks at Massachusetts General Hospital Institute of Health Professions Education for the Alfaisal Seminar (Saudi Arabia campus) & Capstone Seminar (Boston campus)
- 1 Podcast for *Lead and Follow,* https://leadfollow.buzzsprout.com/1735834/13041929-followership-training-in-healthcare-teams-erin-barry
- 3 Books with the addition of followership to the overarching concepts and discussion
    - Metcalf, M., **Barry, E.S.**, Blakaj, D.M., Fitzpatrick, S., Morrow-Fox, M., Grunberg, N.E. (2021). Innovative Leadership for Health Care. Integral Publishers.

- Metcalf, M., **Barry, E.S.**, Mushalko, D., Mushalko, D., Grunberg, N.E. (2023). Innovative leadership & followership in the age of AI: A handbook for creating your future as leader, follower, and AI ally. Portland, OR: Phronesis Publishing (Pty) Ltd.
- White, B.A.A.W., Quinn, J.F., **Barry, E.S.** (2024) Leading self and others with emotional intelligence. Dubuque, IA: Kendall Hunt Publishing Company.