

The New Leader: New Demands in a Changing, Turbulent Environment

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Physician executives are probably the smartest people that ever sat on top of big organizations. The question is whether they have the political savvy that makes for corporate executives, the skills at leadership, at getting along. Physicians by their very nature are not that kind of people.¹

Uwe Reinhardt, PhD, 1997
Professor of Political Economy
Princeton University

Major forces are radically transforming the delivery of health care in the United States. At the macroenvironmental level, the rapid pace of scientific and technologic discovery in conjunction with an aging population, many of whom have chronic illnesses, continues to drive up costs. Health-care expenditure could approach 20% of the gross national product by the year 2010. The primary caregivers of the future will be the patient and the family, emphasized David Lawrence, former CEO of Kaiser Permanente at a recent University HealthSystem Consortium Conference on Leadership. The United States will become a nation of even greater cultural and ethnic diversity, as the majority of worldwide emigration over the next 2 decades will be into this country. Currently, the vast majority of caregivers in the United States have little or no experience dealing with the health-care needs of citizens from other nations. In a world that is ever shrinking from globalization, e-commerce, and the communications revolution, terrorism and bioterrorism will continue to be major threats.

At one level closer to home, changes in the structure of the health-care industry are creating an equal amount of anxiety and dismay.² Reductions in reimbursement for clinical services rendered, cutbacks in graduate medical education funding for academic medical centers (AMCs), rising malpractice costs that have now reached crisis proportions in more than a dozen states, and a national nursing shortage are just some of the blows that have been doled out. Their net effect? Make no mistake about it, the business of medicine is no longer medicine,

it is business, governed by market forces and escalating competition (Fig. 1).

As if this turmoil isn't enough, consider the changes that have taken place right in our own backyard. Every academic medical center, bar none, has witnessed a significant increase in physical plant size and in the number of full-time faculty. Faculty expansion has exceeded growth in number of medical students by a factor of as much as 10. Resource constraints impact virtually every AMC, even those with huge endowments, and few institutions are not strapped in some way for space, time, personnel, and cash. The emphasis on contracting, marketing, performance indicators, and accountability is new to most academic physicians, as is a new generation of patients who have very different consumer expectations. Stakeholders such as The Leapfrog Group have a growing interest in ensuring transparency and illuminating the "black box" of health care so that they and the public are better informed about clinical competence and outcomes. These forces will demand that we move quickly into the 21st century with robust information technology systems, a capability that is lagging substantially in most of our academic medical centers today. Few would disagree that these changes have led to an increase in organizational bureaucracy, complexity, anxiety, stress, and physician disenfranchisement.

The changing health-care environment and its impact on leadership requirements at academic medical centers

What are the implications of this social transformation on leadership for our AMCs? What new skills and competencies need to be cultivated? How wide is the gap between the historical yardstick used by deans, chairs, and search committees and the contemporary demands that go along with being a world-class leader?

As the demands associated with leadership positions increase, how a candidate performs in the new leadership role will be less predictable. Simultaneously, as the criteria used in selecting leaders are changing, recruiting effective leaders in academic medicine has become more

Beginning in the late 1980s, academic medical centers were confronted with a series of external shocks that can be described as adaptive challenges...

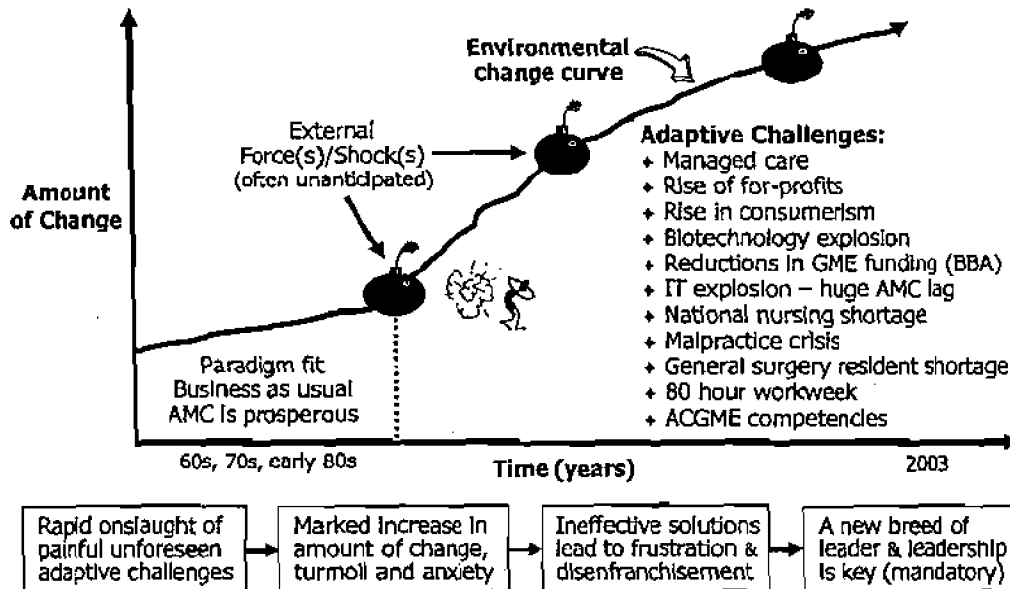


Figure 1. The rapid onset and cumulative effect of numerous new challenges over the past 10 to 15 years has led to a marked increase in the amount of change and turbulence in the external (health-care industry) and internal (academic medical center, AMC) environments. This turmoil has generated a significant amount of angst and worry, and many AMCs have struggled to find solutions. To effectively deal with these adaptive challenges, a new breed of leader is required.

challenging. In the past, leaders were chosen on the basis of national stature, reputation, track record in research, and clinical competency (Fig. 2). Whether the chair or dean was looking for a busy clinician or a renowned basic

scientist, the primary emphasis was almost invariably on what the candidate had accomplished himself and the performance metrics were fairly easy to quantify.

Today, a different mix of skills and abilities is neces-

What was Important in the Past

- + National stature, visibility, recognition
- + Recruited from a prominent institution
- + Strong references and reputation
- + Track record in research/funding
- + Clinical competency
- + Appreciation for teaching
- + Gets along fairly well with others

Achievement oriented abilities

Main emphasis on what the candidate had accomplished himself; performance metrics are fairly easy to assess and benchmark

What is Also Important Today

- + Understands the business of medicine
- + Emotional competence and resilience
- + Communication skills
- + Ability to deal with & resolve conflict
- + Tackles adaptive challenges
- + Builds alignment; works well on teams
- + Success in developing others

Learning/teaching oriented abilities

Emphasis on the leader's ability to learn and help others succeed; indicators are softer and more qualitative than quantitative

Figure 2. Selecting physician leaders at academic medical centers: past and present. Historically, selection criteria used by chairs, deans, and search committees emphasized indicators such as funding, reputation, and clinical expertise. Newer competencies required by today's new leader, such as communication skills, team building, and capacity to solve adaptive challenges, are tougher to measure and more subject to bias. It is more difficult to judge them from the candidate's curriculum vitae or from an interview. *Most leaders recruited in the past were men.

sary to lead effectively. It is not that the old qualifications are obsolete—they are still critically important but they are insufficient by themselves. Newer competencies include an understanding of the business of medicine, interpersonal and communication skills, the ability to deal with conflict and solve adaptive challenges, and the ability to build and work on teams. In contrast to the highly quantifiable measures that were used to select candidates in the past, these newer criteria are more qualitative than quantitative (some might say softer criteria) and place much greater emphasis on the leader's ability to learn and help others succeed, rather than what he has achieved himself.

Many of the challenges that leaders in AMCs must confront today are what Heifetz and Linsky call adaptive problems.³ Adaptive problems cannot be solved by conventional wisdom. They are unlike technical problems, which can be solved with a solution or a remedy that doesn't require people to change. To successfully tackle adaptive challenges, people must learn, grow, and change. This almost invariably requires that they go through a period of uncomfortable adjustment.

Consider the alcoholic patient who is routinely admitted to the hospital for recurrent bouts of acute pancreatitis. His gastroenterologist can provide care in the form of bowel rest and fluid management, but only when the patient makes the necessary life changes—that is, he stops drinking and deals with the addiction and stresses that result in the drinking—will the problem be resolved. Adaptive problems are tough to cope with because their resolution requires a great deal of hard work and effort on the part of individuals and teams. The solution can't come from the boss; throwing resources at the problem won't solve it either. In dealing with adaptive challenges, leaders will not always have the answers; they will offer clarity and direction by exemplifying and clarifying values and guiding principles as much as by providing clear-cut strategies and goals.

Selecting today's new leader

Most deans, chairs, and division chiefs who have been around know how disastrous the wrong recruit can be. Not only can the misfit consume an enormous amount of time, the downstream effects on morale, stability, and teamwork can be devastating. In many AMCs, the recruitment process is built around selecting individuals with the "right stuff," a term frequently used to describe those innate qualities that result in the leader's success.⁴

An altogether different way of viewing leadership development is that leaders have learned or developed many of their capabilities as opposed to having been born with the right stuff. Indeed, leadership is mostly learned, and the school from which it is learned is the school of on-the-job (life) experiences. The skills that differentiate leaders are the result of learning from accumulated experiences rather than a set of inborn natural abilities. The following skills are key to selecting leaders who can help build a world-class academic medical center.

Business/administrative acumen

Recruitment at the level of division (section) chief or higher almost invariably requires that the candidate have some administrative experience with running an often complex and large work unit (department or division) or team. Implicit in this prerequisite is that the candidate already has acquired some financial and managerial skills. Familiarity with mission-based management,⁵ a process for organizational decision making that is mission driven, ensures internal accountability, distributes resources in alignment with organization-wide goals, and is based on timely, open, and accurate information is becoming increasingly important in an era where transparency is crucial.

Although search committees for higher-level positions will want information on the candidate's past budgetary responsibilities and span of control, questions that pertain to capacity for hard work and size of "emotional plate" are also important. There is no shortage of weeklong management programs that can be helpful in acquiring some of these skills, but they are inadequate in and of themselves. The only way to obtain such know-how is on the job, learning from stretch assignments and growing from one's own mistakes.

Getting people on board with a common vision by building trust, teamwork, and clarity

A vision is an attempt to articulate in words what a desired future for an academic medical center would look like. It is, in a sense, an organizational dream that arouses the imagination and motivates people to create the impossible. It must be shaped, first and foremost, by the rightful and legitimate interests of the people involved—patients, faculty, employees, and the community being served. Vision that are designed to indulge the selfish needs of a few greedy folks at the top are exceedingly damaging. Ask the people who worked at Enron and WorldCom.

Clear, candid, set expectations → Am Coll Surg

Vision
A good vision is always focused and understandable. Properly communicated, faculty, residents, and staff should be able to see it out there on the horizon in their mind's eye—distinctive, clear, and pursuable. It's not mysterious, it's not a mirage, it's not a shopping list; it is an unambiguous, unmistakable vision of where the group collectively wants to go to create something larger than any single person. Everyone can see his or her role in how to get there. Each individual can imagine a path to get there, albeit likely to involve rough terrain, because the vision sets direction and acts as a guiding light.

break into
Intellectually, people may comprehend the need for change, but they don't do anything about it because they lack the passion to break out of the status quo. It's scary to let go of the known. Because the desired future is only a possibility, a good vision is lofty and energizing enough to force people out of their comfort zones so they experiment with new ideas and take risks they might not otherwise take. Martin Luther King didn't say, "I have a business plan." He said, "I have a dream," and then he showed people what his vision was and appealed to their common sense and wisdom to help bring it to life.

Leadership is about showing people why it is worth going forward to build that better future, despite the obstacles and resistance they will encounter.³ Progress is made when people are willing to challenge cherished assumptions, surface deeply held beliefs, and ask difficult questions; such as, "Which of these long-established norms are we willing to surrender?" Because such an exercise is threatening, a considerable amount of trust and teamwork are critical prerequisites for tackling such tough work.

Strong communication skills

Communication includes all the ways we send, receive, and process information. It includes what we say as well as what we don't say and how we say what we say. It also includes the way we listen. We create the future through the words we speak, how we speak those words, and how those words are followed up by actions.

People commit to helping their organization win when they understand the organization's purpose (and their role in helping to carry out that purpose), are clear about the strategic vision, know the expectations of them and their team, are provided adequate tools and resources to get their work done, and see the connection between what they contribute and how they are rewarded. Former General Electric CEO Jack Welch once

said,⁶ "Leaders share information so everyone understands the vision and contributes to its success. That's what communication is all about. And it's at the heart of managing the modern corporation...It's not a speech... or a videotape. It's not a plant newspaper. Real communication is an attitude, an environment. It's the most interactive of all processes. It requires countless hours of eyeball-to-eyeball back and forth. It is a constant, interactive process aimed at creating consensus."

The origin of most misunderstandings stems from the lack of effective communication. The proclivity to evade conflict and sidestep the tough issues can become institutionalized and lead to a culture that won't face reality or accept responsibility. Clear communication that results in action is anything but easy. A dialogue that cuts to the underlying issues and uncovers deeply held beliefs and assumptions is uncomfortable to have but it can make all the difference. Top-notch leaders are consistently doing three things in such conversations:⁷ advancing agendas by being clear, candid, and by setting expectations; sharing learning to enhance understanding; and strengthening relationships. It is through these powerful conversations that leaders are able to build greater trust and improve results while developing stronger relationships with others.

Being relentless about focusing on results

More than ever the new leader must be unrelenting about focusing on results in the clinical arena, the research enterprise, and in the teaching sphere. He must be tough enough to set high expectations and hold people accountable, but gentle and compassionate enough to be human. By holding people accountable, being adamant about setting targets and working to reach them, insisting that they correct long-standing habits such as showing up late in the operating room, and providing coaching to improve emotional competence, leaders help till the fertile soil from which productive work sprouts.

It is all too easy for leaders to cave in when people push back, more concerned about popularity than accountability or career advancement than current performance. But it is through the powerful conversations eluded to earlier that clarity is added, expectations are set, and painful issues are surfaced. Eliminating barriers—a manager stuck in the past, a culture that is risk averse so people live in fear, or a workplace where accountability is absent—is an absolutely crucial part of creating an environment where people can produce meaningful results. It is from

constructive conflict and dissent that creative ideas emerge and understanding is built. The heat needs to be cranked up high enough that people remain alert and face the challenges, but maintained in a range that avoids a meltdown.

We need leaders who help others find the courage to face the truth, even when it's painful, even when it is not what they want to hear. This is what makes leadership difficult and risky. Leaders often have to give people unpleasant news; they may have to ask people to incur a loss. It's risky to try to persuade people to take on more responsibility than they would like. But once people are willing to be more responsible for their future, their pessimism begins to wane and they begin to see that they can have some control over their destiny.

Fit with the organization's values and guiding principles

Selecting leaders who connect with and fit with the values and guiding principles of the organization is critical. Fit includes a sense of belonging to the organization, stemming in part from a gut-level endorsement of the organization's overarching purpose and core values. As technology and cost constraints change the way we provide patient care, carry out research, and teach, it becomes more important than ever for academic medical centers to define themselves in terms of what they stand for rather than solely what they do.

For example, if the medical center has been built around a core value of teamwork, selecting a leader who is a primadonna with a self-centered agenda is likely to be a poor fit. Similarly, if the organization has created a culture of openness and transparency, picking a leader who comes from an environment where things get done covertly via secret handshakes probably won't work. As Jim Collins,⁸ author of *Good to Great*, observed, "We thought that good-to-great leaders would begin by setting a new vision and strategy. We found instead that they first got the right people on the bus, the wrong people off the bus, and the right people in the right seats—and then they figured out where to drive it." The right people have personal values that are aligned with the enduring core values of the organization.

Being capable of making decisions without perfect information

Leading in today's unpredictable world is not for the faint of heart or the indecisive. Leadership today involves being comfortable with uncertainty and ambigui-

ty, an attribute most surgeons learn during their residency because they regularly have to make clinical decisions without all the facts. Whether it's judging whether or not last quarter's financial data will be representative of the full year or making projections about heart surgery volumes for the upcoming fiscal year when a nearby hospital is now in that business, leaders are decision makers and they frequently have to make decisions with incomplete or flawed information. As a colleague of mine once said, "We all have to become comfortable with a certain level of discomfort."

The same goes for implementing a new cost containment strategy. Because even the most well thought out plan is often not a slam dunk, the wise leader will tailor the plan to the level of uncertainty in the environment and will build in contingencies to account for the lack of perfect information. By using constant monitoring, measurement, and feedback, adjustments and corrections can be made to improve outcomes.

In an uncertain world, there will always be risks and costs to any plan that calls for action and commits resources. But the perils are fewer than the longterm risks and costs of apathy, idleness, and complacent inaction. A culture that encourages sensible risk taking (in contrast to one that is so risk averse that people live in fear and can't grow) is critical to honing this skill.

Emotional competence

Emotional competence—the capacity to recognize and manage your own feelings and those of others—is crucial to managing stressful situations such as the loss of an important contract, hostility on a team, or a financial setback.⁹ Often referred to as emotional intelligence, it reflects the leader's empathy, adaptability, and compassion and includes the dimensions of self-awareness, social awareness, and relationship management.¹⁰

Early in their careers, faculty tend to focus on developing their technical abilities as physicians, scientists, and teachers, while paying less attention to expanding their skills in emotional awareness and self-management. The ability to regulate distressing emotions such as anger and inhibit emotional impulsivity and volatility is critical. The way a faculty member handles himself during a difficult dialogue with a patient, an unexpected intraoperative disaster, or during unjustifiable criticism by a more senior member in the department has an enormous impact on residents and students.

All of us have known people who are gifted physicians

Table 1. Key Skills and Abilities for Today's Potential Leaders In Academic Medicine

Leader skill/ability	Features and attributes	Suggested ways to assess candidates and would-be interview questions
Experience with the business and the workings of an often large and complex department/division	Experience with finance/budgets	Span of control, size of budget, # of personnel?
	Understands mission integration and mission-based management	Capacity for hard work? Ability to multitask?
	Familiar with accrediting boards	How do you weigh competing departmental and institutional agendas?
	Will commit the time	Major obstacles you overcame in your last job?
Able to get people on board with and behind a common vision by building trust, teamwork, and clarity	Sees conflict as a means of building trust and generating good ideas; Understands the power of teamwork	Ask others about the candidate's trustworthiness.
	Is clear about goals and expectations	Ask the candidate: What's your passion? Why should we hire you? How do you engage people? Give an example of how you've solved a problem with a team.
Strong communication skills	Includes all the ways the candidate sends, receives, and processes information	What does the candidate reward and recognize?
	Does the candidate listen well?	What does the candidate spend his time on? Give examples of some difficult conversations that you have had.
	Tough enough to set high expectations and hold people accountable but human enough to be compassionate and caring	What has the candidate's personal track record been in each mission? Major achievements?
Relentless focus on results	Likes the job despite the strife & turmoil; can laugh at oneself	How do you align reward and performance? How do you measure your own success? What types of things in your work upset you?
	Sees values are more than window dressing	Describe yourself in 3 words.
Fit with the organization's values and guiding principles	Is guided by a set of values that are consistent with those of the organization	What core values in academic medicine do you see as irrefutable? Give an example of where you've used values to make a tough decision.
	Deals well with uncertainty and unpredictability	Under what situations do you procrastinate?
Capable of making decisions without perfect information	Can see beyond the next 30 minutes	What guides you in making decisions when you don't have all the data?

continued

Table 1. Continued

Leader skill/ability	Features and attributes	Suggested ways to assess candidates and would-be interview questions
Emotional competence	Reflects empathy and compassion	What derailers do you have to be aware of?
	Includes the dimensions of self-awareness, self-management, social awareness, and relationship management	How do you handle stress in your job? How do your peers describe your interpersonal skills?
A track record of successfully developing others	Willingness to shine in reflected light	Describe a stressful situation that you have managed effectively. What do you see as your organization's most valuable asset?
	Sees growing leaders as a critical responsibility	How would you describe your leadership style? Give examples of ways you have mentored others. How much time do you spend coaching?
An ability to learn and grow from experiences	Is resilient—uses adversity/hardship to learn	Describe something you've achieved that others thought was impossible.
	Ability to adapt to new situations	Describe an adaptive challenge that you have tackled and a mistake you've learned from.
	Doesn't buckle under duress	

or brilliant scientists but who lack the emotional intelligence to pull it all together. They throw instruments in the operating room, scream and yell when things don't go their way, or refuse to admit that they made a mistake. These are embarrassing moments to witness and they can sap the life out of many a team.

The good news is that emotional competence can be learned, particularly if the leader is highly motivated to do so. Improving one's emotional competence often requires a coach; accordingly, the person being coached must be willing to work on increasing his self-awareness, practice new behaviors on a daily basis, and accept candid feedback. Because the negative behaviors that are manifested as emotional incompetence are often hard-wired early on, this leadership skill is one of the most difficult to learn.

A track record of successfully developing others

Helping people discover, unleash, and develop their talents to create a more successful organization is one of the most rewarding aspects of academic life. Although coaching and mentoring help develop these skills, leadership is the activity that energizes people to work together to build a better future. Teaching leadership is not something we "give" or "do" to others—it is a way of

being. Mentors must be concerned not simply with how much knowledge their mentees take in but, equally importantly, how that knowledge affects their capacity for lifelong learning and how they use it to make meaning. Archibald MacLeish once said, "People aren't 'made' by themselves or by anyone else; they are released to be what they always were but had never known they were."

Great leaders spend considerable amounts of time developing others. They have a track record that indicates that they reward and promote people for being successful mentors and coaches. They have learned to shine in reflected light. They see growing other leaders as a central part of their job. In the final analysis, they want their colleagues to do better than they have done.

The ability to learn from experience

Departments, teams, and committees can be thought of as schools of experience and the problems and adaptive challenges that continuously arise are the curriculum¹²—they are learning and growth opportunities. It is the ability to learn from these circumstances that ensures that the leader will have a high likelihood of successfully tackling new challenges.

Resilience, the capacity to bounce back from adversity, is a critical leadership skill in today's uncertain,

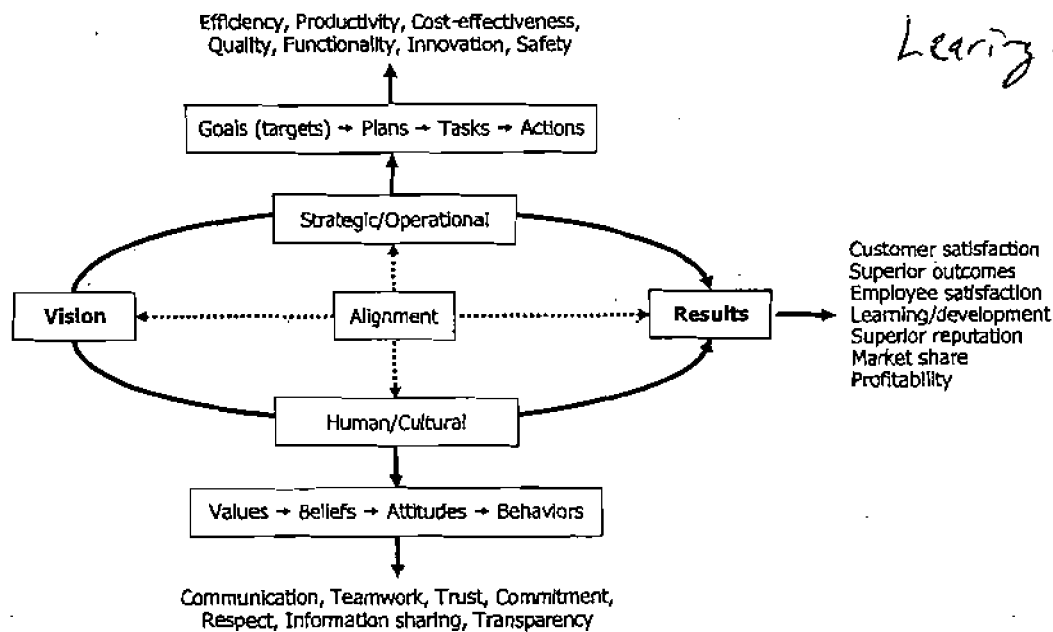


Figure 3. Aligning strategy and culture to produce superior results. The translation of a vision into meaningful results requires both a game plan and people to do the work. Although strategic formulation is often straightforward, the real test of leadership is its ability to mobilize and motivate people to communicate effectively, build trust, and work productively in teams. Building a culture of leadership begins with shared values and shared purpose.

stressful environment. All leaders experience setbacks and failures, but rather than becoming cynical when life hands them difficulties, the best of the lot use hardship and adversity to grow stronger and wiser.¹³ They are centered enough and have enough strength of will to get back up when they make mistakes or when they are beaten down, and learn from the experience rather than letting it be so traumatic that they can't go on. Lincoln, for example, did not let what he would become be predetermined by his mother's early death, or a series of dirt floor cabins, or the economic meagerness of his youth, or his failure as a farmer and as a businessman, or his defeat for political office seven times—most of us would view that many letdowns as too much to overcome.

One of the most reliable indicators and predictors of true leadership is the ability to learn from even the most negative of experiences—events that force us to question who we are and what is important to us and often change our sense of purpose in some fundamental way.

Three fundamental characteristics seem to set resilient leaders apart from others.¹⁵ The first is the capacity to accept and face down reality. In accepting reality with all its warts, resilient leaders prepare themselves (and their organizations) to endure hardships. But rather than accepting reality as it is and throwing in the towel, they are

quick to point out that the way things are means that things must change. Second, resilient leaders, in spite of the harsh current reality that is far from the future they envision, see life as deeply meaningful. They have an ability to get beyond the darkness and see the light and they latch on to enduring values as an anchoring foundation in difficult times. The third building block of resilience is the ability to improvise. These leaders are obsessed by a powerful drive to make things better and they make do with whatever is at hand, no matter how sparse the resources may be.

Where does this ability to bounce back come from? We can't say for certain but it appears to be related to the strong hunger that great leaders have for learning and growth.¹² This desire for learning and growth is what gives these leaders the courage to step out of their comfort zone into arenas where they can take risks in spite of the fear and uncertainty.

A cry for leadership development

At the end of the day, success (or lack thereof) eventually comes down to how the leader handles difficult challenges. Whether it's managing a downsizing of the workforce, dealing with a budget crisis, coping with repercussions of a merger or demerger, or coaching a difficult

colleague who resists constructive change, these ordeals are the essence of leadership.

Most, if not all, of these skills discussed in this article can be learned and refined (Table 1). The technical skills are the easiest — how to read a profit and loss statement, how to measure productivity, or how to drill down into a diagnosis-related group analysis. The more difficult competencies to master are those that require changing behaviors, attitudes, and beliefs that have been engrained for years (Fig. 3). Thankfully, they can be developed as well, especially if the leader is committed. A willingness to explore leadership development as an inward journal of self-development is a hallmark of great leaders.¹⁶ Ultimately, how we express who we are and how we lead depends very much on how we derive meaning from our work. Sadly, the commercialization of academic medicine has encouraged an external orientation—one that often hinders the personal journey of transformation and contributes to the lack of meaning that can pervade the workplace today.

Although it has been my intent in this article to emphasize that becoming a world-class leader is tough work, I do not mean to imply for a moment that the struggles inherent in the process are not worth it. All great leaders know that although guiding an organization through turbulent times can be perilous, the dividends in terms of making a difference in the lives of others and contributing to the greater good are enormous. This is the paradox of leadership; it is not possible to know the joys of leadership without experiencing the anguish as well.

Academic medical centers that have transfected a leadership culture into their organizational DNA deliver world-class patient care, conduct top-notch biomedical research, have higher morale, and are more enjoyable places to work. They are winning organizations, the kinds others want to

learn from and be part of. Winning in such an environment is fun. It's exhilarating. There is a strong feeling of commitment and teamwork. It brings the spirit within each of us to life. And, in so doing, it gives our lives meaning, dignity, and joy. What more could we ask for?

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