ΑΩΑ—a harbinger for physician leadership

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A core tenet of Alpha Omega Alpha Honor Medical Society (AΩA) since its inception in 1902 has been to "improve care for all by encouraging the development of leaders in academia and the community." Physicians, based on their unique knowledge and experience in professional values fundamental to medicine, are ideally prepared to serve as leaders. Their professional experiences serving and caring for people and working with colleagues in the health professions provide a solid foundation for leading others.

AΩA is one of the few multidisciplinary medical organizations in the United States, and as such, has throughout its history been inclusive of members from all medical disciplines, specialties, and sub-specialties, and strives to represent and increase diversity in the medical profession. Membership includes representation from private practice, academic medicine, active and retired military and Veterans, public health, laboratory research, and other careers in medicine.

Over its 120+-year history, AΩA has elected more than 200,000 physician members, each of whom is committed to the objective of "being worthy to serve the suffering."

AΩA recognizes excellence in physicianship throughout all professional stations of a physician's career–medical school, residency, fellowship, faculty and/or private practice, as an alumnus/alumnae, and for outstanding contributions to the medical profession. The criteria for nomination and election to membership in AΩA is based on demonstrated dedication and excellence in physicianship, including trustworthiness, character, caring, knowledge, scholarship, excellence in the doctor-patient relationship, servant leadership, clinical excellence, merit, medical professionalism, compassion, empathy, and altruism.

Changing the course of medicine

Throughout history, major events have changed the course of medicine. Medical education began to change with the establishment of AΩA in 1902, followed by the Flexner Report in 1910, emphasizing the importance of educational ethos and medicine as critical disciplines in universities. Some more recent events—World War I, the Spanish Flu epidemic of 1918, the Great Depression, World War II, the Korean War, the Vietnam War, the Gulf War, the War in Afghanistan, the Iraq War, and the recent COVID-19 pandemic—brought forward great physician thinkers and leaders with advances in patient care, new scientific discoveries, diagnostic technologies, interventions, research, and initiatives. These advances also brought societal, economic and governmental changes. Throughout, physicians were called upon to lead in myriad ways. Each of these leaders changed the profession of medicine and health care.

During most of the 20th century, physicians primarily practiced and worked alone or in small groups within their specialties. Payment was primarily on a fee-for-service basis. There were a few multispecialty large practices, and as academic health centers (AHCs) became more prominent, they provided care for the most complex issues. Over the course of a relatively short period of time, through medical research and with the advent of more and more successful treatments, patients began to experience shorter and shorter hospital stays. Patient care progressively improved, as did patient outcomes.

Following WWII, medical education experienced a powerful change requiring residency training for graduated medical students. This provided the critical experiential patient and practice learning necessary to prepare physicians, providing them with supervision, teaching, and responsibility. It allowed new doctors to experience the professional values needed to serve patients and the public.

The science and practice of medicine continues to improve. In 1950 it took about 50 years for medical knowledge to double. By 1980, medical knowledge was doubling every seven years, and by 2010 doubling every three to four years. These expeditious gains in knowledge also test medicine's leaders.

The rise of academic health centers

During this time, AHCs emerged as key organizations for science, medical education, and caring for the sickest patients. AHCs share a common mission of innovation, medical research, and comprehensive, leading-edge clinical care.

Today, there are 216 hospitals classified as academic medical centers in the United States. Most of them are large, non-profit acute care facilities, with an average of 526 staffed beds and 26,000 annual discharges, according to data from 2022.[1]

The business of medicine

More recently medicine has become a business with problems of overuse and fragmentation, and a growing network of private corporations engaged in supplying health care services to patients for a profit. Through this corporatization of medicine, many investor and venture capital businesses now supply health care services, and manufacture and manage the sale of drugs, medical supplies, and equipment, all for a profit. This new health care industry is rapidly expanding, highly profitable, and increasingly becoming a health care market.

This change in health care delivery was able to emerge because the United States is the only developed country in the world that does not consider medical care to be a human right, a public good with universal access to care, and a system led and managed to provide excellent care at a reasonable cost. The consumer-patient is not experienced anywhere in the world other than the U.S.

This disorganized system of health care has resulted in the highest cost of health care in the developed world, which is unsustainable. This for-profit health care system exerts considerable unwarranted political influence on national health policy, or the lack thereof, when the needs of patients and society should come first. Barbara McAneny, MD (AΩA, University of Iowa Roy J. and Lucille A. Carver College of Medicine, 1977), a private practice physician in New Mexico, explains, "The U.S. health care is perfectly designed to get the results we have: highly profitable consolidated systems of hospitals; very profitable insurance companies, and pharmacy benefit managers merging and acquiring each other, pharmaceutical companies making billions, and armies of well-paid consultants telling everyone how to play the game for bigger and better profits. What we don't have is a health care system that makes it easy for people to get the care they need at a price either they or the country can afford. We don't have a system that allows physicians to make a living delivering primary care, even though everyone agrees that primary care is essential for a well-functioning system. Unfortunately, the U.S. system does not allow the type of care we all envisioned ourselves providing."[2]

The current system of health insurance in the U.S. remains much as it was originally in the 1940s when employer-based health insurance was instituted. Significant changes occurred in the 1960s with the advent of Medicaid and Medicare, but other than moderate changes with the Affordable Care Act in 2010, today's health care system remains as it has been for decades.

The history of medicine is compelling, alluring, fascinating, and ever-changing. Through it all, AΩA member physicians have been on the forefront of scientific discoveries, and medical, surgical, and public health developments, while also serving and caring for the suffering, educating future physicians, and providing leadership.

Physician leadership

In 1935, as many as 35 percent of hospitals were led by physicians. In 2019, that number had fallen to just five percent—a decrease of 90 percent.[3] Today's leaders of health care organizations are mostly graduates of health administration programs or business schools, not doctors. They often know little about the actual care of patients by doctors, nurses, and others directly involved in providing patient care. The major metric they use in the care of patients is the budgetary profitability from the care rather than measurements of relieving suffering, patient care, process, outcome, and satisfaction of patients and their care givers.

Leadership in medicine, medical education, and health care is more complex in the 21st century than ever before. The medical profession, patients, society, and the U.S. need leadership that represents and personifies what is best for patients. It should be inspiring, insightful, engaging, effective, and humble.

We need to inspire the profession of medicine to recognize the need for excellent physician leaders.

We need physician leadership that understands and represents the needs of patients, physicians, medical educators, trainees, communities, and society. Sir William Osler emphasized the importance of "equanimity and imperturbability, compassion, empathy, beneficence, and keen sensibility in becoming a great physician,"[4] and said, "the good physician treats the disease; the great physician treats the patient with the disease."[5]

Physicians are the best prepared to take on the demanding role of health care leadership and leading. Their professional experiences—serving and caring for people and working with others—provide a solid foundation for leading others. Most of the issues in medicine and health care can only be solved with physician involvement and understanding. By utilizing physicians' knowledge, clinical skills, and experiences there becomes understanding of, and relationship with, patients, colleagues, and the medical environment. Physicians have a unique understanding of both the physician and patient mindset, which is completely different from than the typical business-oriented health care executive.

Physicians have developed a distinct and unique personal and professional identity, which, when combined, provide an excellent background and a pathway to leadership. For physicians, preparedness is, always has, and always will be the foundation of their development as leaders in medicine.

Personal and professional identity

Everyone has a unique personal identity that has been formed and developed since early childhood through family, school, friends, colleagues, and personal experiences. Over time an adult identity evolves, based on experiences and influences. An adult identity often relates to one's occupation, though many other factors and experiences can shape a person's identity. A personal identity is based on aspirations, inspirations, and for physicians, a commitment to becoming a caring healer. Physicians have worked to fulfill the required prerequisites; applied to and attended medical school and residency over many years, and have become a physician. They still have an individual personal identity, but now share the role, characteristics, and personality of having a desire to help and care for people.

Throughout this process, physicians were educated and trained in a very complex system that created for them a new professional identity as a physician. They learned new and foreign concepts—the language of medicine, the science of medicine, clinical skills, and a new way of being and acting with personal and professional values in addition to the knowledge, skills, and attitudes of the profession. They adapted their original personal identities to this new identity through education, practice, role modeling, and experiential learning. Throughout this journey they had opportunities to function as leaders in various situations and roles.

Being a leader is not necessarily intuitive, nor is there a defined or developmental methodology. Many are assigned to, or appointed, or volunteer for leadership roles. However, physicians, based on their unique knowledge and experiences in education and the core professional values fundamental to medicine, are ideally prepared to become, and serve as leaders. Physicians, by nature of their role in caring for people, have garnered respect based on their competence, caring, character, service, values, and commitment. These are integral values that have been reaffirmed in the medical professionalism charter to emphasize the primary principles of patient welfare, patient autonomy, and social justice. Therefore, physicians are often extraordinary, effective servant leaders.

The leadership journey

There is a pathway and journey to becoming a great leader. Great leadership is experiential and is developed through leadership education, training, experience, mentoring, coaching, practice, and reflection. Effective, sustainable, and excellent leadership should be based on core professional and personal values and a commitment to being a servant leader.

Leadership has long been a core value of AΩA. A key component of the society's mission statement is, "To improve care for all by encouraging the development of leaders in academia and the community." Excellence in leadership is one of the criteria for nomination and selection of members into AΩA.

Physicians who aspire to become leaders can benefit from formal leadership training, as well as having direct leadership experiences to complement their clinical competencies, experiences, and professional values. Future physician leaders in medicine must consciously prepare to become competent both as physicians and leaders, as well as to be coaches and mentors to develop the next generation of physician leaders.

Becoming a great leader begins with curiosity, commitment, and trustworthiness, and requires a commitment to leading to make a positive difference. AΩA is committed to advocating, contributing, and supporting the work, development, and success of a new generation of leader in medicine—leadership that exemplifies the core values of the medical profession, and includes servant leadership.

In 2014, AΩA launched its Fellowship in Leadership, a year-long program to develop today's physician leaders for tomorrow. Fellows learn about, and experience,

servant leadership, and learn that they must first be able to lead themselves before they can lead others, also known as the Inward Journey. Fellows are supported by organizational mentors and coaches and AΩA faculty liaisons. They learn through reflection and experiential leadership. Upon completion of the program, AΩA Fellows join a leadership community of practice that provides them with ongoing support and collegial experiences in leadership.

AΩA has also developed a Short Course in Leadership to provide future leaders in communities with an AΩA Chapter, active participatory learning combined with organizational mentors and coaches for ongoing leadership training.

Servant leadership

The AΩA Fellowship in Leadership is grounded in the principles of servant leadership (Greenleaf),[6] core professional beliefs, and values that start with an obligation and commitment to serve and care for people, colleagues, and organizations. It includes positively contributing to the welfare of others, education, and meeting social responsibilities. Servant leaders live, lead, and act their values by their inward sense and understanding of what is right. They inspire others to care and serve.

Servant leaders develop the best in others by instilling a set of values and trust among team members and those they serve, which develops moral authority in the leader and their team and colleagues. Leaders must live a simple code of conduct of no lying, stealing, or cheating, and no tolerance for those who do. They learn to be excellent listeners, to be understood but to also understand. They feel empathy and learn to empathize with their teams, colleagues, patients, and workers.

The values of leadership must include authenticity, integrity, and doing what is morally and legally right. Leaders must behave in an ethical, responsible, reliable, and respectful manner, while listening to others with understanding and respect. They must communicate effectively, and honestly, and must be trustworthy and reliable. Leaders learn to use the power of persuasion, but rely more on value-based authority, and rarely use positional authority. They serve as a role model of the culture they want, and need, to create.

The most effective leaders make extensive use of participative and delegative decision making. When things go well, they give others the credit, but accept responsibility when things don't go as planned. They develop foresight and intuition. They learn good stewardship with a commitment to the careful and responsible management of an organization and the people entrusted to their care by a commitment to serving the needs of others. They develop humility, value everyone, and treat everyone with respect, avoiding hubris or self-aggrandizement.

Servant leaders and their teams dedicate themselves to a higher purpose worthy of their commitment that is more important than themselves. They find joy, self-respect, and integrity in service to others.

Servant leaders are passionate and committed to achieving a vision in the context of caring and doing good, and are committed to the cause. They build greatness through a blend of humility and professional will. Servant leaders rarely have to, or need to, make important decisions alone. They tap idealistic passions, are trusting, and use persuasion, inclusion, communication, inspiration, and delegation of responsibility to get things done.

Servant leaders have an awareness, especially self-awareness, that helps them understand issues involving ethics, power, and values, and can view and understand most situations from an integrated holistic position. They look at problems and challenges conceptually, thinking strategically beyond the day-to-day. They have foresight that enables them to understand the lessons of the past, the realities of the present, and possibilities for the future.

Servant leaders believe people have an intrinsic value beyond their tangible contributions as workers and colleagues. They take responsibility for building community by showing the way, and the value of developing, maintaining, and nurturing a community of practice. They are committed to creating caring teams, organizations, and institutions.

Servant leaders celebrate the work and success of the team and all its members, and regularly express appreciation, recognition, demonstrating that everyone can, and does, make a difference in serving. They learn to always ask one very important question when making decisions, "What is best for the patient?"

Moving from good to great

Jim Collins in his book *Good to Great* makes the point that the enemy of "great" is "good."[7]

Many are satisfied with being good at what they do, but the leaders who make the most difference are those who want, and aspire, to be great, and want their teams and organizations to be great.

Great leaders of great organizations deliver superior performance and make a positive, important, and distinctive difference over a long period of time. Servant leaders work with their teams to define what it means to be great in what they do and how they serve. For servant leaders, their teams, and organizations, the outputs are caring, service, and helping others rather than making a profit. The measurement of success is how effectively they deliver on their mission and make a distinctive impact relative to their resources. The most successful establish a set of audacious goals.

Collins refers to "Level 5 leaders" as being those who are passionate about, and committed first to the cause, movement, mission, or work—not themselves. They also have the will and commitment to succeed. He emphasizes that values come first—before goals, strategy, tactics, products, market choices, financing, business plans, decisions—and all else follows.[7,8]

For those leading in medicine and health care, the first, and most important responsibility is to patients and the ability to serve those patients; and second to those who care and serve those patients (colleagues, nurses, staff, and others); and third to community and society. A leader's core values come with a commitment to serving and to ongoing continual self-correction.

Leadership is the art of getting people to want to do what must be done. The leader's responsibility is figuring out what must be done, developing the team to get it done, and then getting the team to want to do it and to work passionately and collaboratively in accomplishing what must be done. It is most essential to have the right people on the team working in the right culture and with passion for what they do.

The right people don't just have jobs, they have, and accept, responsibilities. To improve their people, leaders must first evaluate and grow themselves. They must recognize that leading and leadership is a responsibility, not an entitlement, and that their primary responsibility is to take care of their people and their team. They give the best people something big to do—something that is best for patients.

Leaders must be role models and always work as hard or harder than everyone else. They are willing to do whatever jobs need to be done. They are passionate and caring, self-motivated, self-disciplined, and compulsively driven to do the best they can as servant leaders.

Servant leaders and their teams must define how to produce the best long-term results. This involves first understanding what the organization stands for, why it exists, and understanding its core values. In other words, what the leader and the team can do best is determined by understanding how the team can uniquely and effectively contribute to the people it serves and develop a vision and plan to get it done. Great leaders know that there are times when they must say "no," especially when something may impede achieving the team's vision and service.

Trusting yourself and your team

The best leaders exemplify trust and trustworthiness. Trust is essential to bind and hold people together in teams and organizations. Trust means relying on someone to do the right thing and believing in their integrity. Trust is essential in any relationship, especially when someone is vulnerable. Trust provides a sense of confidence, safety, and security where there is risk, uncertainty, and vulnerability. Trust is relevant to the future, and future events and actions, in contrast to satisfaction which is about past performance.

Trustworthiness includes those qualities and behaviors that elicit trust from others and make one worthy of their confidence. It is based on experiences and whether a person, team, or organization behaves in a consistently trustworthy manner to gain trust.

Trust can be gained or lost based on truthfulness, communications, integrity, honesty, fairness, reliability, virtue, and moral qualities. It is not fixed or static and can be encouraged and developed. In team-based organizations, and one-on-one interactions and activities, trustworthiness and honesty should be explicitly valued and rewarded. Conversely, dishonesty, deceit, and lying should be unacceptable to all.

Acting in a trustworthy manner encourages trustworthiness in others. Trustworthiness is related to a person's motivation toward kindness, goodwill, and caring rather than self-interest. When people are motivated to do the right thing, they feel better about themselves. People are more likely to be happy and productive when focused on the welfare of others, benevolence, and altruism, and have more stable trusting relationships and fulfilling jobs.

Physicians benefit from an intrinsic trustworthiness and benefit from this when they are leaders. They model trust and trustworthiness with frank, open, and respectful communication and overt trustworthy behaviors.

When leaders and teams do not follow agreed upon principles and norms, they cease to trust each other and the result is chaos, dysfunction, and sometimes

burnout. Trust is built and developed through sharing and authenticity.

Trust and trustworthiness are fundamental for getting the right people on a team and retaining them. Many times, people are selected based on a range of competencies and abilities, which are important, however, the most important determinants should be their character and trustworthiness, including truthfulness, fairness, honesty, and reliability.

Stephen Covey in *The Speed of Trust* focused on the importance of integrity and intent as well as that of trust and trustworthiness.[9] He listed 13 behaviors to build trust for a leader and a team: talk straight; demonstrate respect; create transparency; right wrongs; show loyalty; deliver results; get better; confront reality; clarify expectation; practice accountability; listeng first; keep commitments; and extend= trust.[9] There is an essential role for trust in every clinical, business, and organizational transaction, and certainly in leading and leadership.

Good stewardship

Stewardship is also part of being a great servant leader. Excellent stewardship always prioritizes service over self-interest. The leader assumes and accepts the responsibility for shepherding and safeguarding the organization's work, resources, and reputation. The servant leader's behaviors reflect the values of the organization, and a respect for the organization's limited resources. This often means dialing back the scope creep of a project so that it stays within budget. It is the careful and wise management of the resources and people who have been allocated to a leader or a project. The use of pilot projects can be a useful tool in ensuring the proper use of resources.

The Inward Journey of Leadership: The Science and Practice of Leading Yourself

Leaders can overlook their own shortcomings and failings, which implies that they may not be able to improve their behaviors and trustworthiness until they become more honest and trusting of themselves. Many leaders continue to be adversely affected by learned behaviors and responses based on their personal identities. In these instances, they need to become aware of their cognitive biases, and learned emotional and cognitive responses, to certain situations and people.

The needed growth and change to accomplish this can be achieved through what Wiley Souba, MD (AΩA, University of Texas McGovern Medical School, 1978), ascribes as the Inward Journey.[10] The Inward Journey helps leaders become aware of their learned responses and how often they are detrimental to them personally, and as leaders.

"Becoming an effective or great leader is about creating access to a broader range of ways of being, thinking, and acting in order to deal with those challenges for which conventional strategies are inadequate," explains Souba. "Leadership is an as lived, first person responsibility."[10]

As Dr. Souba stresses, leading is a way of being. Leading and leadership result from knowing yourself, reflecting on your life story, and aspiring and learning to lead others. Leaders must challenge leadership theories that power an authority are a leader's most important way to success. They must recognize that actions are often based on perception of the facts, and that knowledge is the foundation of effective leadership, which requires new skills. Leadership and learning are inextricably linked to the ability to learn, grow, and contribute to an organization.

The journey is about understanding and knowing yourself to uncover your innate self-expression, values, and true sense of joy. Your Inward Journey is about discovering who you are for yourself, what you are about, and your personal and professional identity and values. This includes what you stand for, what you aspire to be, and identifying your most important priorities. Your Inward Journey is about your way of being human and then a leader.

Souba points out that the most important determinant of a leader's effectiveness in life and leadership has to do with the way in which you occur for yourself, moment by moment, and situation to situation.[10]

Great leaders can't lead others until they learn to lead themselves. Through the Inward Journey, a change in personal and social identity with expansion of a capacity to be effective in leadership roles and processes is achieved. The most important basics of leadership are the relationships, not the parts.

Language is the leader's chief resource—actions and interactions must match the way in which the facts of the situation are interpreted. The leader's way of being is the foundation of effective leadership. To lead effectively, leaders must revise inaccurate and ingrained beliefs and context.

This brings us full circle to personal identity formation, which is always being reformed and reinvented. A person's personal identity is related to many factors and is shaped through socialization and a process of

negotiation with acceptance, compromise, rejection, reflection, and reformulation. Personal and social identity enable us to identify others and ourselves in any context. Our cognitive identity provides a personal frame of reference for interpreting information, solving problems, and making decisions in relation to our unique identify. We actively construct new understandings through the interactions of our prior and new beliefs, events, activities, and experiences.

When physicians entered medical school, residency, and work, they developed from being a novice with legitimate peripheral participation. They were pretending to act like they were competent and experienced. Over the course of time, and through experience and reflection they experienced developmental transitions. Also, through myriad experiences, they developed a level of competency, and eventually an expert level of competence. This involved learning to play the role and pretending until they came into their own way of being and leading.

Physicians participated in the learning environment and the system with teachers, colleagues, role models, and mentors through experiential learning. They experienced conscious reflection, unconscious acquisition, formal teaching and assessment, self-assessment, and socialization. They developed competencies; learned to live with ambiguity and uncertainty; coped with fear, stress, and anxiety; and experienced the joy and satisfaction of becoming competent in their work and life as a physician.

The development of this new identity didn't happen overnight. It occurred in stages, through experiential learning proceeding from observation and imitation, to carrying out complicated tasks that culminated in more complex activities which led to becoming an expert with full participation in a chosen community of practice.

The practice of leading is interconnected with assuming new roles and responsibilities; experiencing accomplishments; managing and inspiring others; organizing group work; and taking on increasing responsibility. The progression requires taking on more complex challenges and recognizing that developing leadership is a process. Leaders must challenge their implicit leadership theories.

A prevailing model of leadership is based on knowing theories, concepts, and history. However, in order develop servant intelligence and leadership, we must grow and know who we are for ourselves.

The Inward Journey is about reconnecting with what matters most deeply. This requires inspiration and expertise as an empowering catalyst to a new way of being. An empowering catalyst to change and guide transformation. The leader's way of being and acting then becomes their source of natural self-expression.

The science of leading yourself and a leader's way of being and acting are the source of the leader's performance. It is based on four pillars—integrity, accountability, learning, and communication—which are combined with curiosity, respect, responsibility, community service, influence, inspiration, and self-improvement. Mastery of the four pillars develops a construct that in any leadership situation provides one with the ability to lead effectively as one's natural expression. Leading and leadership result from knowing yourself, reflecting on your life story and aspiring and learning to lead others.

The management of leadership

Becoming a great leader is about developing and nurturing trusting relationships. Great leaders embrace a mindset of self-development and take great satisfaction and pride in developing others, their teams, and colleagues. These trusting relationships are based on listening, communication, honesty, role modeling, mentoring, and coaching. Great leaders inspire through a shared vision and creativity. They build greatness using a blend of empathy, humility, dedication, and indefatigability.

Great leaders realize that the problems that are presented to leaders are not easily solvable. Leaders must be comfortable with the fact that they are not going to always be right. They must understand that they are dealing with probabilities. Leaders will not, and cannot, solve all problems perfectly, and will never be able to make everyone happy all the time.

Great leaders choose the best option, evaluate progress and outcomes, knowing that they may have to change course, if necessary, and make a different decision. They also involve team members in these decisions, which makes the team more cohesive and willing to take ownership.

Great leaders have the confidence to surround themselves with team members who may be smarter than they are, and are willing, and able, to disagree with them, bring different perspectives and experiences. Great leaders don't want sycophants on their team. Great leaders are not intimidated by people who are geniuses or experts, rather they seek out and consider their advice, opinions, and recommendations.

The process of becoming a leader involves moving from legitimate peripheral participation to full participation in leading and leadership. Dr. Souba has long been a great physician and committed leader. He understands, shares, teaches, and practices the science and method of leadership that is achieved through first experiencing the Inward Journey. He explains that it is through focusing on a broader way of being, thinking, speaking, and acting that leaders become more effective in dealing with the challenges for which conventional strategies are inadequate.

He points out that in medicine we tend to think of leadership as being about a person in charge who stands apart and wields clout. However, in medicine, leadership is not about a person. It's about serving the people for whom hospitals and medical schools were created to safeguard—patients, learners, communities, and colleagues.

Learning to lead

Learning to lead includes knowing why, how, and what. This is developed by learning and leading in authentic activities and transforming knowledge and experiences into usable and useful information. It is often situational learning, sometimes referred to as a cognitive apprenticeship with the experiences, modeling, reflection, coaching, and mentoring. This includes observing leaders leading and then mimicking the leader and reflecting on the integration of what occurred and why.

The goals are to correct errors, misconceptions, and faulty reasoning, and reconstruction of the experience and context as a basis for improvement. Practice in leading is essential in learning to lead, to test, refine, and extend leadership skills, thereby increasing expertise in a social context.

Leadership development involves assuming new roles and responsibilities and experiencing accomplishments. It involves managing and inspiring others through positional leadership roles. It involves modeling others, organizing group work, and taking on increased responsibilities. The progression is taking on more complex leadership challenges and recognizing that leadership is a process of continuing to learn through experience, reflection, practice, and mentoring.

Leadership is engaging people to make progress on the adaptive problems they face. Leaders don't just make decisions based on the information, problem, and context. They lead followers in solving problems by delegating responsibility, motivation, and teamwork. Physician leaders have the unique ability to do this using clinical decision-based analytic skills. They have learned and experienced this in patient care and clinical teamwork. They apply the same strategy of evaluating the possible outcomes of a decision, comparing decision alternatives, evaluating risks, and weighing the cost and potential outcomes, both positive and negative.

There are no true assessment tools to follow an individual's acquisition of an identity as a leader. The experience is life long, but progress as an effective leader becomes evident when you think, feel and act like a leader.

Dr. Souba observes that the Inward Journey of leadership allows for the exploration of the possibility that our actions and interactions, and our effectiveness, stem from our way of being human.[10] Inward Journey requires each of us to go inside ourselves and discover our way, or ways, of being. It is a life-long journey with unexpected turns and surprises. It is an exercise in leadership because it is about leading yourself to uncover your innate self-expression, your deepest commitments, and your true sense of joy. Each of us must learn to lead ourselves.

Self-discovery is the purpose of our lives, but most of us don't know, or learn, that. Self-discovery does not live in our conscious awareness. The focus needs to be one of self-development and taking and making time to embark on the Inward Journey. The Inward Journey and personal transformation are about creating access to a broader range of ways of being, thinking, speaking, and acting in order to be more effective in dealing with the challenges for which conventional strategies and ways of being are inadequate.

The importance of self-discovery and the Inward Journey in leadership is captured in the words of Parker Palmer, "Good leadership comes from people who have penetrated their own inner darkness and arrived at the place where we are at one with one another, people who can lead the rest of us to a place of "hidden wholeness" because they have been there and know the way."[11]

Souba has described four key practices for embarking on the invariably challenging, always humbling, sometimes disquieting, but deeply rewarding Inward Journey of leadership:[10]

1. Create your life story: We all have a life story. Our story is our life, and our life is our story. Our life stories are important for our identity-they tell us who we are by providing us with a self-concept

(our concept of who we are and how we fit into the world), and an identity from which we lead ourselves and others. These life stories have less to do with the facts of what took place in our past and more to do with the way in which those facts and events occur for us. They are interpretations and explanations from which we draw meaning.

2. What we remember becomes what happened. However, sometimes our identity gets forged from life stories that we constructed for ourselves early in life in response to something someone said or did that we interpreted differently than what actually happened. These beliefs may create an enormous burden in our lives, limiting relationships and sapping our energy. When we can separate what really happened from our story about what happened, we discover that much of what we considered a given, may not be the truth.
3. Beliefs (about self, others, and relationships) that may have been perceived to be fixed, now become open to change.
4. Start constructing your life story. Examine your past and organize your life experiences into a story that clarifies your self-concept. Confront your stories that are holding you back, the ones that tell you that you are not good enough and rewrite them. You can't change what happened, but you can change the way in which what happened occurs for you. You will start to see things differently and that's the first step to transformation.

The Inward Journey of leadership is the venue for each of us to discover newly who we really are. It is a willingness to take on our entrenched beliefs, our fears, and our vulnerabilities so we can lead ourselves and others more effectively. This pursuit begins by examining two related questions: what is really important to me? And what do I care deeply about?

Personal and social identities are multifaceted and complex concepts influenced by many factors, evolving over time, and enacted through language and other influences in a social world. They are related to gender, race, genes, personal characteristics, religion, culture, family, class, education, ethnicity, sexual orientation, friends, experiences, and myriad other factors. Part of identity development is a moral process of understanding through many different moral influences and experiences. Our entities developed through exploration and commitment, and are cognitive. Identity provides a personal frame of reference for interpreting information, solving problems, and making decisions in relation to our identity. We actively construct new understandings through the interaction of our prior beliefs, as well as new events, activities, and experiences.

Who are the next physician leaders?

With the onslaught of the businessification and corporatization of American medicine, physician leaders are more important today than ever before. We must ensure that physicians not only have seats at the table in the C-Suite, but that they are at the head of the table leading and caring for patients. What is best for the patient? The answer lies with the physician leaders of tomorrow. We need great physician leaders in medicine and health care.

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