

Interview with Drs. Margaret Cary and Penny Potter:

Reflecting the Physician Leadership Training session at the 35th SNUCAMA-NA Convention

9/27/2018

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We hope this interview will encourage younger generation of SNUCMAA-NA members to understand the current healthcare management trend and to equip them taking the necessary steps toward becoming leaders in their chosen field.

Thanks Margaret and Penny for taking this interview out of your very busy schedule.

1. Polarity Management training was a new experience for me, and I enjoyed the process. Please provide brief explanation for the method and when you use it. And, what did you want to achieve at our seminar? And, how did it work this time?

a. Dr. Cary: *After talking with Dr. Hahn and you it seemed that the Polarity Pair Korean physicians often struggle with is Communitarianism and Individualism. I use this approach with individual coaching clients, dyad (usually a physician and an administrator) and with team coaching. I also deliver keynotes on this topic, and include it in the physician leadership development programs I create. The goal is to see that trying to achieve one pole of a polarity pair at the expense of the other leads to frustration. Like the Tao, it's about balance and integration. My intention was to show a mind frame that would help your members in medicine and with their lives.*

b. Dr. Potter: *When we think of how the body achieves homeostasis, it gives us a clear picture of what polarity management is – the dynamic interplay between various interdependent systems. The simplest illustration is breathing in and breathing out. One would never say that one is better than the other. We naturally sense when it is time to breathe in and when it is time to breathe out because we are in tune with the upside and downside of each. We intuitively sense the downside of breathing in -- too much carbon dioxide in our system -- so we breathe out and experience the upside of breathing out. When we intuitively sense the downside of breathing out – not enough oxygen – so we breathe in and experience the upside of breathing in. This is a simple explanation of polarities.*

There are hundreds of leadership and organizational polarities that have been mapped. Generally, one can recognize a polarity if a situation does not seem to have a clear answer or there appears to be a repeating pattern that oscillates between the interdependent pair. For instance, there is an inherent polarity between change and stability. Which is better? One pole is better as long as it provides the organization the upside of that pole. Some may prefer stability. The dynamic system, however, indicates if we do not add small changes and improvements to the system, we will experience stagnation and perhaps obsolescence. If we

veer to the change pole too much, our people experience change fatigue and possibly confusion over changing processes. The “solution” then is to find the balance -- “both/and” not “either/or.”

The work Dr. Cary and I do is to help leaders think in these nuanced more complex ways. Polarities is just one model we use.

2. Please summarize your experience with our alumni participation at the training. And for the convention as well, if it is OK.

- a. Dr. Cary -- *The people at the registration desk were fabulous! Welcoming and kind. The alumni were engaged and jumped right into the exercise. They then created their own polarity maps, and showed they understood. I loved the dancing!*
- b. Dr. Potter – *We both fondly remember feeling warm welcomed from the minute we arrived until we left. In our conference session, participants were curious and engaged. Many audiences find the topic of polarities difficult to comprehend. However, Polarity Thinking is the same concept as yin and yang that is embedded in the Korean culture -- including your flag. Once this connection was made in the session, participants immediately understood because they could draw from their cultural knowledge. For this reason, I believe Korean medical professionals have a distinct advantage at seeing and helping their organizations manage the inherent polarities within the American medical system.*

3. Here are some questions from our alumni members:

- a. For Dr. Cary – As an M.D. you chose a career different from regular path. Can you share the reason or event associated with the decision?
In fourth grade I decided I wanted to be a family doctor in a small town, which I achieved. I wanted to do more, and so earned an MBA, which opened the world up to me. I learned how important the people skills (sometimes called “soft” skills, to distinguish them from the “hard” skills such as anatomy, physiology and biochemistry) are in working with others – patients, colleagues, attending physicians. Communication abilities, influencing skills, emotional and social intelligence, collaboration, creative problem solving, strong interpersonal relationships, and becoming an effective leader all rely on these people skills.
- b. For Dr. Potter – Tag-team training approach was a new experience to many of us. What do you think is the advantage, and how did you two get to work together in this?

This is an easy answer for me. I was initially contacted for this work because of my work in well-being at work for George Mason University. However, I have no medical expertise. Immediately, I thought of my friend and colleague, Dr. Cary (Maggi). I said to Dr. Nam that she was a better candidate for this presentation. Yet, as Maggi and I spoke, I thought it would be interesting to do together.

I love to collaborate with intelligent and gifted colleagues like Maggi. She and I have similar strengths – teaching and coaching – and different backgrounds – medicine versus organizational systems. Whenever we work together, we build upon one another’s strengths and differences to provide a better product offering.

For instance, when we were asked to provide this session on leadership, I shared an observation based upon my knowledge of the differences between collectivist and individualist cultures and the difficulties that those who come from collectivist cultures have being seen as leaders in individualist cultures like the U.S. Then Maggi shared her knowledge about polarities and how this seemed like a polarity. We both saw immediately that we could combine these two concepts into something that is useful for Korean medical doctors, who work in the American medical system. Coming to a better solution through a collaboration is what we encourage leaders who we work with to do, and we “take our own medicine.”

- c. Younger generation of physicians may have a different idea and approach to leadership development. Can you share your thoughts?

Dr. Cary: Yes, of course. Younger physicians are digital natives and are often more facile with the technology. If we think of adult development stages – Penny’s expertise – younger physicians and younger people in general, are earlier in their journey of development. As Penny says, use the differences as an opportunity.

Dr. Potter: They do and I see two reasons for this. One is that they are mostly in different levels of adult development than their mature counterparts. Another reason is they have grown up in a more connected world – literally a different culture than we. Therefore, they see the world through a different lens. My suggestion is to treat the differences as an opportunity. We know from research studies that the best teams have more diversity, manage conflict productively, and produce better products and solutions. What might happen if we welcomed and coordinated these different perspectives to find better solutions?

4. Ideal leadership models continue to change. Please explain the differences you have witnessed in recent years, and current trends in leadership training.
 - a. *Dr. Cary: Many leadership development programs focus on “horizontal development,” which is learning specific skills – transferring information to the leaders. Current trends in leadership development focus on developing as a person, sometimes called “vertical leadership.” Moving vertically is about expanding the leader’s thinking capability, developing the ability to think in systemic, strategic, complex and interdependent ways, which is where polarity thinking comes in.*

Nick Petrie, an expert in vertical development writes, “If horizontal development is about

transferring information to the leader, vertical development is about transformation of the leader.” Current leadership development aligns more with adult learning, or andragogy. Penny is an expert in adult development, which aligns with vertical development.

- b. *Dr. Potter: Exactly, Maggi. So many leadership models take a traditional training approach in which participants hear the concepts and expect they can be different when they are back at work. I liken the difference between horizontal, “additive” development and vertical, “integrative” development to computer programs. Traditional training is like installing a new software program – it helps the leader to do one specific thing better. Vertical development is like upgrading leaders’ operating systems – it allows leaders to do everything better. It is more of a process than an event. We know some (but not all) of the ingredients that promote vertical development, and polarities is one ingredient.*
5. It is a general understanding that the theory re: leadership style and training was developed from the business industry. While Healthcare sector should practice sound business principles to survive and prosper, there should be some important differences in leadership styles compared to other business industry. What is your opinion?
 - a. *Dr. Cary: My observation is that people generally learn leadership/management skills by watching others, and exhibiting others’ behavior, whether effective or not. Medical school selects for those with excellent academic records, not those with excellent people skills. Medical school and residency have a “hidden curriculum,” which are lessons not formally taught. These include norms, values, beliefs and culture. One example is attitudes toward medical students and residents not from the main culture. Another is the way medical students and residents are taught to behave toward patients. The formal lesson is to listen and be courteous. The hidden curriculum is around mocking patients and interrupting them as they speak.*
 - b. *Dr. Potter: Yes, and this is the work of any industry of experts – to develop a “dual operating system” of expertise in a specific field and develop one’s own leadership capabilities. The key issue in the medical field is that leadership is not taught in medical schools (although Maggi is trying to change this). Added to this is that the medical field is evolving at a complex and rapid pace, which requires better leadership to coordinate divergent perspectives and changing situations. It becomes like a cat chasing its own tail.*
 6. From your leadership training experience do you think there are social, cultural differences in Korean/Asian American leadership characteristics? If yes, what are the positive and negative aspects?
 - a. *Dr. Cary: I’d rather state observations, rather than attribute “positive” or “negative.” Each aspect may be one and the other, depending upon the context. One aspect I’ve seen in East and South Asian cultures is more parental involvement with their children*

around education and career choice. This tendency is either/neither positive/negative depending upon the context. As a Caucasian female born in the United States, I understand my culture better than others. I have traveled extensively and, before I go, learn what not to do and how to present myself. That doesn't mean I'm knowledgeable. It means I'm (maybe!) less likely to make a faux pas.

- b. Dr. Potter: I agree with Maggi. What we know from Hofstede's research on cultural dimensions (<https://www.hofstede-insights.com/product/compare-countries>), there are distinct differences between Asian and Western cultures. Whether these differences are negative or positive depends upon the organization one works in and what is valued. One "solution" is to begin to see our cultural embeddedness and develop the ability to learn other leadership moves that work within that culture. Another solution is to offer a different perspective that might help the organization achieve better results. Knowing which to lead with is the wisdom we continually work to develop throughout our lives.*
7. People say the leadership style is a combination of born character and learned trait. Do you agree? If yes, what would be the magic ratio that successful leaders have between the two?

 - a. Dr. Cary: Yes, combination of genetics and learning. There's no universal magic ratio. It's individual. For example, someone may have inherited the worst DNA possible, and yet transcend that through learning, and probably epigenetics. Someone may be a "golden child" and yet unable to be an effective leader.*
 - b. Dr. Potter: I believe each person has the ability to develop their own unique way of leading. Again, it is the interaction of the leader with his/her environment. Some are naturally big and bold; some are quiet leaders. Different environments require different leaders. Winston Churchill was not considered a good leader until the crisis of World War II. So we can say that Churchill was a good leader in crisis, and perhaps not as much in peacetime. The challenge is for leaders to find environments in which they can thrive and flourish and bring their best selves. The challenge for organizations is to recognize and reward all the different types of leaders.*
8. It is difficult or impossible to change individual's character. Do you think leadership/mentoring will help ordinary people to become good leaders?

 - a. Dr. Cary: Being a leader is about doing the right thing wherever you are. You can be a leader anywhere; it doesn't have to be at the top of a pyramid. The two most important traits are competence in the area where you're leading and integrity, or the inside and outside of you being the same. The employees of one of the best leaders I ever worked with told me "Charlie is always fair. I may not agree with what he does, but I know it's fair." And "If Charlie tells you he's going to do something, you can take it to the bank. His word is gold." How many times does each of us fail to deliver on a promise? I think*

nearly anyone with insight into themselves, and the willingness to accept responsibility, can be a leader. Mentoring and coaching each have their place.

- b. Dr. Potter: I would never recommend that any of my clients change their character. What I recommend is that they become the best possible version of who they are and bring those gifts to those they lead. Too often leaders look outward to others as role models for leadership. What we coaches do is to help the leaders see the gifts of one's unique character that lie within. Then we work together to help the leader bring forth those qualities.*

9. We hope to continue leadership training session for younger alumni at our annual convention. Any suggested topics? Any suggestions for women's leadership in the healthcare setting?
 - a. Dr. Cary: Coaching as a Leadership Style, Imposter Syndrome, Women's Ways of Leading*

 - b. Dr. Potter: Maggi has several topics she presents to medical professionals in her work. I personally love to present the power of inquiry (the coaching approach) and help leaders see that although it looks easy, it is actually a complex skill that facilitates one's vertical development. Other topics are leading with strengths*

10. If we invite you again, will you accept it?

Dr. Cary: Thank you for asking this. Our acceptance depends upon timing and our availability.

Dr. Potter: As we stated previously, we both enjoyed being welcomed into your community. We would love to collaborate and finds ways to provide value for your membership. A dilemma we face is that one or two hours is not enough time to make a significant impact. One idea might be to advertise ahead for a yearlong leadership program. The session at your next conference could be the kickoff to that program. This is just one idea. We look forward to collaborating with you to see what else would provide value to your participants, and allow us to do the work we enjoy doing.

11. Any other comments for the alumni interested in becoming leaders in the healthcare field?

Dr. Cary: Becoming a leader is about becoming a person.

Dr. Potter: No matter how much experience we have, we are always in the process of becoming the next best version of ourselves.

Thank you very much for your thoughtful answers and recommendations.