

# Virtual Mentor

American Medical Association Journal of Ethics  
June 2013, Volume 15, Number 6: 491-492.

## FROM THE EDITOR

### Redefining Leadership and Medical Teams

The increasingly specialized nature of medical knowledge and clinical technology has created the need for teams rather than individuals to deliver comprehensive care. Furthermore, the Affordable Care Act of 2012, with its emphasis on coordination among medical specialties to provide continuity of patient care, reinforced the urgency of team development. In response, formation of care teams has sometimes outpaced the readiness of team participants, resulting in clinical and ethical concerns. The June issue of *Virtual Mentor* takes a look at the ethical impact of team-based care in three arenas: clinical practice, medical education, and administrative leadership.

In clinical practice, responsibility for patient care is shifting from individual physicians to groups comprising different specialists who, together, are accountable for “episodes” of care. This shift necessitates a change in the traditional fee-for-service pay structure, in which individual physicians billed and were paid for each separate treatment intervention.

William Bond, MD, MS, discusses the incentives that will govern clinical care in pay-for-performance structures like accountable care organizations.

The “team” challenge, so to speak, is that doctors, nurses, pharmacists, and others, e.g., physical therapists, working as a clinical team must provide integrated, coordinated patient-centered care, despite the specific competencies that each possesses and spheres of practice that each represents. Robert Walker, MD, examines the dynamics of team member relationships and explains how teams should respond when one member’s behavior is at odds with the team’s shared goals and standards.

The role of the medical team leader, too, will need to be defined and understood in order to guarantee the best and safest care for patients. Catherine M. Lynch, MD, explores the stereotype description of women’s leadership style as more “collaborative” than men’s and asks whether that notion implies that women would “naturally” make better medical team leaders. Valarie Blake, JD, MA, reviews new Virginia legislation that expands the role of nurse practitioners, placing physicians in an increasingly supervisory role but with all the burdens of malpractice liability still on their shoulders.

Connecting the concepts of leadership and team-based care, Ashley M. Hughes and Eduardo Salas, PhD, discuss leadership and hierarchical structures as they apply to clinical practice. John H. Armstrong, MD, adds to that conversation by describing

various leadership styles, concluding that some promote while others undermine team cohesion. Daniella M. Schocken, Aliye Runyan, MD, Jason Wilson, MD, and Anna Willieme, MFA, consider hierarchy in medicine through artists' eyes, tracking trends in medical practice through famous paintings that depict medical professionals in their traditional garb.

The transition to team-based practice must also shape medical training. A truly interprofessional education team—Dawn M. Schocken, MPH, Amy H. Schwartz, PharmD, BCPS, and Frazier T. Stevenson, MD—provide insight on interprofessional education activities that address hierarchy and role fluidity. Alicia D.H. Monroe, MD, and Allesia English, MD, PharmD, discuss the SELECT (Scholarly Excellence, Leadership Experiences, Collaborative Training.) program, a new collaboration between the University of South Florida Health Morsani College of Medicine and the Lehigh Valley Health Network that focuses on fostering emotional intelligence in students to make them skilled collaborators and, eventually, executive leaders.

When physicians assume positions of responsibility, whether as leaders of a medical practice, accountable care organization, or hospital, particular ethical concerns must be recognized and resolved. Erin Bakanas, MD, MA, comments on the responsibilities of physician executives who adopt interprofessional models of care that meet with physician resistance. How can these practitioners balance their responsibilities to the field of medicine with their duties as members of an executive leadership team, roles with separate goals that may not align? Primi Ranola discusses “Physicians versus Hospitals as Leaders of Accountable Care Organizations,” an article probing the possibilities of future organizational structures controlled by physicians and by hospitals, both of which would involve new challenges.

Finally, cutting across the domains of clinical practice, medical education, and administrative leadership, Stephen Klasko, MD, MBA, responds to an interviewer's questions about the current and future roles of leadership and team-based care in medicine in the podcast. You will notice, as you read this issue of *Virtual Mentor*, that I have tried to practice what the issue preaches—many articles are collaborations among professionals from disparate health care fields. If we are to improve health care for our patients, cross-specialty dialogue will continue to be of the highest importance.

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