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ORATION: 12 Lessons Learned About Leadership

Thank you for the honor of being a Worcester District Medical Society orator. Several previous orators are in this audience. Their presentations raised the bar for everyone coming after them, and I am well aware of the challenge I face, as the most recent orator, in reaching that bar. I also want to thank Joyce Cariglia and Melissa Boucher for their assistance as I prepared for this presentation. And I want to recognize Maribel Gonzalez, administrative assistant for the Division of Adolescent Medicine, for her expertise in preparing the PowerPoint slides for this presentation.

When I was asked to give the WDMS office a title for the presentation, I used “Ten Lessons Learned About Leadership.” Ten was a nice round number. But, when I began to write the talk, I realized that there were about 20 lessons I had learned, not 10. But 20 lessons were too many and would take too much time, so I carefully considered what to cut and what to keep. Eventually, I settled on the **12** lessons I considered most important.

I learn best by reading, and I have read many books and articles on leadership over the years. With this presentation, I have included an annotated bibliography that may be helpful to individuals who wish to pursue some aspects of leadership that I do not address as part of this presentation.

So, here are the lessons that I have learned.

Lesson #1: We all have "baggage" and "halos" in our past.

This baggage and these halos may influence how we lead and how we deal with difficult situations. Our backgrounds may determine how we face adversity. This does not mean that how we react or handle challenges will be right or wrong, but rather that we need to be aware of how our past may shape our future.

In the spirit of full disclosure, I think that there are six factors on my baggage and halo list, and these six factors have probably influenced my current leadership style.

- I was born prematurely before there were Neonatal Intensive Care Units and before there were neonatologists. Based on family folklore, I think I weighed about 4 pounds and was born at 32 weeks gestation. In today's world, 32-weekers generally do very well. But, in the 1940s, when I was born, many babies died at

32 weeks. I think the fact that I survived means that I was a fighter and a survivor from birth.

- My mother died when I was 10 years old and my brother was age 7. I lost my mother to congestive heart failure just as I was entering puberty. I did not have her guidance and wisdom to help me through my adolescence, but most importantly, she was my biggest cheerleader and my biggest support. She told me I was smart and I could be anything I wanted to be if I just studied and got good grades. My father, on the other hand, was a barber and did not see a need for girls to have anything more than a high school education. He never praised me, nor even acknowledged my academic success. I think I was a challenge for my dad. He simply did not understand why I could not be satisfied with the choices that his own sisters had made or my girl cousins had made. For example, I did not want to attend the local public high school (where everyone else in the family had attended) and wanted to go to a private girls' academy run by the Sisters of Mercy. He rightfully told me that we could not afford for me to go to the academy. So, I took the entrance examination anyhow and applied for a scholarship, which I obtained.
- I grew up in a large extended Italian-American family. My grandparents had been immigrants from Italy and Sicily. My father was one of 13 siblings, and my mother had three siblings. My father remarried when I was 13 years old, and my Italian-American stepmother was one of eight siblings. So, I had lots of aunts and uncles and cousins. We were a loud, raucous group. I love my Italian roots, but my adolescence had a lot of turmoil. My father, brother and I moved from the house in which my brother and I grew up to my stepmother's house, where she lived with her elderly mother and older brother who never married. She was responsible for caring for them. My brother and I lost our own rooms and our privacy. I had to share a bedroom with my elderly grandmother, and Johnny had to share a room with our elderly uncle. On either side of my stepmother's house lived one of her siblings and their children. My brother and I were the interlopers in this arrangement, and I did not always feel welcomed. To be fair, it would be difficult for anyone to have to accommodate a mouthy, know-it-all 13-year-old girl and a poorly disciplined 10-year-old boy into a household. I ran away from home a lot as a teenager. I was fortunate that I was never harmed as a runaway, but I did learn resilience at that time and I still graduated at the top of my class. To be clear, my father, stepmother and I all reconciled our differences when I was a young adult and I was mature enough to realize that my teen years were difficult for all of us, not just me.
- I entered the convent of the Pittsburgh Sisters of Mercy when I graduated from high school. The Sisters of Mercy were a well-educated group of women who ran a hospital (Mercy Hospital in Pittsburgh) and a college (Mt. Mercy College, now known as Carlow University), as well as several high schools and grade schools in the Pittsburgh area, including St. Xavier Academy, where I had attended high school. It was natural that I would identify with these nuns who praised me and

encouraged me in my studies. To this day, I value the years that I spent in the convent. It is where I learned forgiveness, where I learned the positive aspects of silence, where I learned my values. Most importantly, if it were not for the Sisters of Mercy, I would not be standing here before you as a physician.

- I attended medical school when only 10 percent of the classes were women. As a young nun, I was attending college with a chemistry major with the intent of obtaining my Ph.D. in chemistry at an outside university and returning to Mt. Mercy College to teach chemistry. But those times were interesting times. It was the 1960s. It was the era of Women's Lib, the Civil Rights Movement, the Vietnam War. Pope John XXIII had "thrown open the windows of the church," and there were dramatic changes in the Catholic Church. Priests were leaving the priesthood, nuns were leaving the convent, and both former priests and former nuns were finding other ways to serve their communities without vows of celibacy, poverty and obedience. Nuns were leaving the order of the Sisters of Mercy. My mother superior was concerned about the nuns leaving the convent with conflict and guilt in their hearts. She consulted with her brother, a psychiatrist on the faculty of the University of Pittsburgh Medical School, and he advised her to grow her own psychiatrist in the order by sending someone to medical school. My mother superior thought I would make a good doctor, and she suggested that I take the MCAT exam and apply to medical school. I did apply, and I did not get in for good reasons. When I was asked why I wanted to become a doctor, I dutifully responded, "Because my mother superior would like me to become a doctor..." I would not accept someone into medical school who gave me that answer, so I am not surprised that no one else accepted me either. So, I taught high school for two years and then reapplied to medical school with much more knowledge about medical school and what it required, and I was accepted at Penn State Medical School at Hershey, Penn. By then, I was having doubts about my own religious vocation and talked to my mother superior about it, but she told me to pursue medicine and even if I dropped out of the convent, I would still be a good doctor. Halfway through medical school, I decided to leave the convent. When I drove back to Pittsburgh to tell my mother superior, she encouraged me to stay in medical school and gave me a check for \$200 to help with my expenses. I had no money, and I had to apply for loans and scholarships to finish medical school. What I am most proud of, however, is that when I graduated from medical school, nine nuns showed up at my medical school graduation. Of the 39 graduates, only two of us were women. (Two other women had dropped out.)
- I was the only woman chair at UMass Medical School for over 10 years. It is strange for me to write this fact. I never thought of myself as the only woman chair; I was simply another chair. It was not until there were other woman chairs that I realized how much I missed having another woman peer. The other interesting fact is that after I was chair for three years, I was asked to be the interim CEO of UMass Memorial Health Care when the current CEO stepped down. This meant that I was now over all the men chairs. The men chairs were

always good to me, I might add, with very few exceptions. I held the interim CEO position for nearly one year. I learned more then about leadership than I ever learned before being CEO.

Lesson #2: The word administrator comes from the Latin root words "ad" and "ministrare" and means to serve or take care of.

We leaders take care of those we lead. They do not take care of us. In human resource manuals, there is an axiom that goes something like this: Administration takes care of the workforce; the workforce takes care of the product; the product takes care of the bottom line. This is not completely true in health care, but the concept is a good one.

I once heard Dr. Eric Dickson, the current CEO of UMass Memorial Health Care, speak of his observations about dog sledding when he was visiting Alaska with his family. He said that the dog sled racers never went to sleep at night until they had checked every dog on the team. The dogs were checked for illness or cuts on their paws or other problems. The teams could only go as fast as their weakest dog. I am not comparing our workforce with dogs in a race, but I am saying that, as leaders, we need to be concerned about those who work under our leadership.

Lesson #3: When a person moves into a position of power, s/he gets a bigger head or a bigger heart; s/he rarely remains the same.

I learned this lesson when I was a young nun in the convent. As a senior novice, I attended college and lived at the motherhouse in Pittsburgh with about 200 other Sisters of Mercy. Besides our regular jobs (in my case, a student at the college with a major in chemistry), we all had assignments at the motherhouse. I was the chief server, or, in laymen terms, the chief waiter over 11 other young novices, and I was responsible for making sure that all the nuns were served their meals promptly and efficiently and sometimes in silence when prayers took place during meals. In some ways, I was like a chief resident making out a call schedule. One Sunday afternoon, I was summoned to the Mother Superior's office and informed that one of the nuns at an outlying grade school had taken ill and was admitted to the hospital. I was expected to replace her while she was ill, and I was told to pack my suitcase for at least a one week stay at the local convent. I would be teaching 35 fifth-graders, and Sister Josephine (not her real name) had left her lesson plans for the week. I was ecstatic! I was being groomed to be a teacher and educator and here was my chance to prove that I could do that. And I would get out of the motherhouse and be in a real convent among God's people, and I would be in charge of a group of 10-year-olds.

As I packed my bag, I remembered that I had chief server responsibilities. So, I ran down to the refectory (dining hall for laymen) to inform Sister Alma (the chef) that I would not be organizing the servers for dinner. When I arrived in the kitchen, she was kneading bread and praying. I shouted, "Sister Alma, Sister Alma, I have something to tell you!" And she held up her hand indicating that I was to be silent while she prayed. After what felt like 10 minutes, but was probably only one minute, I interrupted again. "Sister Alma,

I have something important to tell you!" I stated. "Sister Josephine has taken ill, and I am going to St. Peter's Convent to take over her class of fifth-graders. I am leaving in a short time. I am so excited. Oh, Sister Alma, I can't wait to teach those 10-year-olds. They are going to learn so much this week, and Sister Josephine is going to be so surprised at how much they will have learned. And they will learn discipline and will behave. I will not tolerate misbehavior. So, I will not be here this evening to organize the servers. Do you want me to assign someone, or do you want to assign someone to be in charge?" Sister Alma stopped kneading the bread dough and looked at me. She did not answer my question. Instead, she stated: "When a person moves into a position of power, whether it is being in charge of General Motors or teaching fifth-graders, she gets a bigger head or a bigger heart. She rarely remains the same." I was 19 years old, and I had no idea what she was talking about. In fact, I wondered if she was starting to have dementia since she was quite old, at least 60 years old (at 19, I thought 60 was ancient; today, I would not mind being 60 again). I looked at Sister Alma for a moment and then said, "So....do you want me to assign someone or will you do it?" She looked at me and sighed and said, "I will take care of it. Be gone, my child."

About 10 years later, I finally realized what Sister Alma was trying to teach me. And I have never forgotten it.

Lesson #4: Managers do things right; leaders do the right thing.

There is a difference between being a manager and being a leader. Managers manage; leaders lead. In the process of leading, leaders are forced to make decisions for the institution all the time. Some decisions are easy, like choosing between right and wrong, but often, leaders have to choose between two rights or two wrongs. For example, most institutions have a limited amount of money to invest back into the institution. Which program or department or clinical unit receives the money?

One of my most difficult decisions occurred when I was the interim CEO. As luck would have it, there were seven union contracts up for negotiations during my term as CEO. When the first union contract was being negotiated, we knew that salary increases would be a major issue. The administrative team determined that we could only afford a small percentage increase, if any at all. Negotiations continued for over two weeks and were not going well. The COO agreed to participate in the negotiations to see if he could help the union understand our financial situation and move the discussions forward.

On a Friday evening at about 8 p.m., on my way home from work, I stopped to pick up a pizza and a salad at a local pizzeria for dinner with my husband, who was waiting at home for me. I called him at home and told him I had the pizza and was on my way. He said that he would open a bottle of red wine and let it breathe, so it would be ready when I arrived home, and he had a DVD for us to watch. Great, I thought. Then, my phone rang, and the COO told me that the union negotiators were on a quick break and I had to make some decisions. First, they were going to serve me a notice that they were going to strike the following week if I did not agree to their terms. Second, they wanted a raise higher than we had planned. How much will it cost if we give them the raise, I asked?

And how much will it cost us to bring in replacement workers if they strike? I was on the phone in a pizzeria parking lot trying to write down numbers on the pizza box. But the pizza box was oily, and my pen would not work, so I was using my lipstick to write as the COO and I tried to figure out rough costs and a plan before the break was over. My husband was beeping me on my beeper because he could not get through on the phone. The pizza was getting cold. Finally, we came up with a plan, but I was worried about three things: 1) could we really afford the compromised raise I was agreeing to do; 2) all the union negotiations coming after this one would expect the same percentage of raise; and 3) I would be considered a wimp and a weak CEO for giving in to the union. But the COO and I also talked about the morale of the institution if we had a strike, and that worried me even more, so I agreed to a pay raise just a little lower than they were requesting but higher than the one we originally planned. Frankly, I did not feel good about the whole thing.

I arrived home to an angry and frantic husband (who did not know why I was not home when I said I would be), who had drunk most of the wine already and made himself a junk food sandwich. The pizza was cold and unappetizing, and I was not in the mood to watch a movie when I did not know if I was going to have a strike on my hands in a few days. It was not a good evening.

At about 1 a.m., the COO called me with good news: Strike averted. The union agreed to a raise increase that was between our suggested percentage and their percentage. Life was good, right? I was relieved that we would not have a strike, but I wondered if I would be crucified for not being strong enough to hold out on the negotiations and stay within the confines of our finances. I still felt uneasy. The next morning, the *Telegram & Gazette* had a front-page article about the negotiations and praised the new CEO for agreeing to the deal that was cut. I was being praised! I was shocked. I learned from this experience that decisions are not always easy, but if we truly try to do what is best for the institution, we will at least have that on our side. (The true hero in this story is the COO who worked so hard to avert a strike.)

Lesson #5: Get the right people on the bus and the wrong people off the bus and the right people in the right position on the bus ... and you can take the bus anywhere.

This statement is the major premise of the book *Good to Great* by James Collins. Having the right team of people around the leader is essential for any leader to be effective. It is also important that team members have the freedom to be honest and direct with the leader. Team members must be able to tell the leader that s/he is wrong or full of hot air or going out on a limb or anything else that the leader should hear. Team members cannot be afraid to tell the leader what needs to be said.

Lesson #6: Learn how to get the wrong people off the bus with tact, respect and dignity.

In other words, leaders need to learn how to fire people or how to let people go. And we need to do it with compassion. This is a good time to remember that we all need to treat

people like we would want to be treated in the same situation. I often use a "poor fit" analogy. An individual may be a poor fit for a specific position in the institution but be fine in another institution. I sometimes say that one can see a beautiful pair of shoes at DSW or Nordstrom's and desperately want them, but when you try them on, they hurt your feet. Poor fit. It would not be a good idea to buy those shoes. And if you already have such a pair of shoes and you never wear them, it would be a good idea to get rid of them. When you let someone go, that individual should not feel shamed or humiliated, but rather, they should feel respect.

Lesson #7: In today's corporate milieu, leaders must understand the finances of their units to be effective.

A former colleague, Bruce Meyer, MD, stated during a talk he was giving on the economics of medicine that "...healing is an art; medicine is a science; and health care is a business." To be leaders in the health care business, we must be knowledgeable of the income and costs of the units we run. If we don't know this information and depend fully upon others to know it, we could be unknowing victims of fraud. When I was a junior faculty member at another institution, the chair of a major department was asked to step down. There were rumors that he had committed fraud. I asked a more senior member of the faculty to explain what was happening. He told me that money had been siphoned out of the department by the department administrator, and it was accidentally discovered through a bank error because the administrator's name was similar to the name of the son of a senior faculty member. "Well, it wasn't the chair's fault, then, so why is he being asked to leave?" I asked. The senior faculty member responded, "Because he should have known!"

When it comes to finances, there are five issues we need to consider.

- Money is not a dirty word. Most of us did not become doctors for the money. We became doctors to take care of patients. We wanted to do good in the world. But sometimes, we physicians act as if money is beneath us and we should not have to worry about it. Others not as well-trained as we are can get their hands dirty, but we are above that. I think of this as physician naiveté; others call it physician arrogance.
- No money (or no margin) = No mission. If our institutions cannot make money, we cannot invest in capital to improve the physical plant, nor invest in our people by giving raises or bonuses. Many of us work for nonprofit organizations. That does not mean that we cannot make a profit. What we do with the profit is how we define nonprofit.
- Reimbursement inequity is not fair but a given. It is true that insurance companies reimburse some disciplines more than others, and it may not seem fair. We have to change the inequity or work within its constraints. Whining about it will not help us.

- Money often equals power. The individuals or disciplines that make the most money often feel that they should be the ones who decide how the money is spent. People who determine how money is spent have power.
- Understand your funding streams. In academic medicine, we have many different funding streams: reimbursement from patient care, education funds, research grants, clinical service contracts and philanthropy, to name a few. Understand how each funding stream contributes to your bottom line.

Most importantly, if you are the one who controls the purse strings for your unit, be fair in the allocation of resources and dollars. Being fair does not necessarily mean giving everyone an equal share.

Lesson #8: Everyone is on the team and everyone is important to the mission.

I read a story once about the early years when the United States was trying to put a man on the moon. A group of senators was touring the Houston space station and had met all the important people stationed down there: the astronauts, the scientists, the technicians and others. As they were preparing to leave the grounds, they walked through a hangar and saw a man sweeping. Apparently, he was a janitor. Being politicians, they stopped to speak to him. "What is your name?" one asked, and the man gave his name. "And what is your job here?" another asked. The man replied, "My job is to get a man on the moon. That is everyone's job here." Clearly, the leadership in Houston made sure that everyone knew that every job was important to the mission.

Closer to home, I have another example. Every year at the time of the UMass Medical School graduation, there is a big dinner for donors, dignitaries, senior officials and others on the evening before graduation, and there is a party for the graduates. Dr. Michael Collins, chancellor of UMass Worcester campus, always reminds the students and the guests to remember to thank the many janitors and environmental workers who would be around making sure that the place is clean and tidy for the students and their families. Dr. Collins always reminds us that these folks take great pride in seeing the students graduate.

Taking this one step further, I would ask each of you if you know the name of the person who cleans your office every day? If you do, wonderful. If you don't, find out and call that person by name. Your office will always be the cleanest one.

Lesson #9: Listening to people is more important than talking to people.

I learned this lesson when I was interim CEO. Because morale was low, I decided to meet as many of the UMass Memorial workforce as I could. I visited all three clinical campuses (University, Memorial, Hahnemann), including all three shifts, when applicable. I visited billing areas and administrative areas and cooking areas and other places I did not know existed. I thought I had seen it all. Then, Dr. Dan Lasser, chair of Family and Community Medicine, reminded me, " You haven't seen Barre, yet." "Who is

Barry?" I asked him. "Why do I have to go to him?" "Barre is not a person but a place, and Family Medicine has a clinic there. The people in Barre think you are going to close that clinic." "But I am not going to close the clinic there; no one has even mentioned that to me," I told him. But rumors persisted, and Dr. Lasser invited me to visit Barre.

Barre is a lovely little town. I loved it. It was like stepping back in time. The clinic was lovely. It was well run, and it was obvious that patients enjoyed going there and the staff liked working there. I reassured all the staff members I met that I was not going to close the Barre Clinic. I thought my work was done, but Dr. Lasser told me I had to speak to the townspeople who were waiting for me in the town hall. I went to the town hall and was surprised to see that the room was filled and that there was a podium for me to use and a microphone set up for the townspeople to use. I was invited to the podium, where I introduced myself. I told them how happy I was to be visiting their charming city. I told them how impressed I was with the Barre Clinic. I told them that it was obvious to me that the Barre Clinic was very important to the town. I told them that I was not going to close the Barre Clinic. At that point, I expected all to start clapping, but there was silence. So, I said, "Would anyone like to speak about the Barre Clinic?" People started coming up to the microphone. One lady stood at the microphone and said, "Dr. Felice, it is very important that you not close our clinic. It is the only health care facility we have here, and we need it." I replied, "I am not going to close the clinic." Then a man stood up at the microphone, and he said, "Dr. Felice, please don't close our clinic. My children go to that clinic, and they know all the staff and like them." I replied, "I am not going to close the clinic." After the third person spoke, I did not speak. I just listened as about 15 people spoke about the need to keep the clinic in their town. I realized that it was more important for them to speak and be heard than it was for me to speak and be heard.

Lesson #10: Communicate, communicate, communicate. Have clarity and consistency in your message.

If we don't tell the folks who work for us where we are going and what we are doing, why should they follow us? I once read an article written by an Army general who said that it was important to tell the troops what the mission is and what they must do. Then, it was important to remind them what the mission is and what they must do. And then tell them again. Some experts in communication state that a message must be given at least five times before enough individuals in a group hear the message and retain the information given. I think of this as similar to "herd immunity" in infectious disease.

Lesson #11: Everyone thinks that s/he could do your job better than you ... don't take it personally.

It is quite possible that many people could do our jobs better than we do. But, it is not THEIR job; it is our job, and we are the ones who have the responsibilities that go with the job. Most of the time, if your critics are offered your job, they won't take it.

Lesson #12: It is lonely at the top ... even if the service is better. (Told to me by Dr. Aaron Lazare, former dean of UMass Medical School).

The higher position we hold, the lonelier it may be. We cannot be friends with the people who work under us. We can be and must be friendly, but not close social friends. This is favoritism, and everyone will recognize it for what that is. Leaders must be perceived as fair in every respect. This is sometimes difficult for new leaders who are chosen from within. One day, they are peers with others; the next day, they are over their peers. The relationship shifts and changes.

I want to end this talk with a quote from Albert Schweitzer, who wrote: "I don't know what your destiny will be, but one thing I do know: The only ones among you who will be really happy are those who have sought and found how to serve"

Good leaders serve others. I hope that you embrace the leadership role you have and that you find the same amount of joy and happiness that I have been fortunate to experience in my own leadership positions.

Books on Leadership

- 1. Brook, Robert H.: *Redefining Health Care Systems*. Santa Monica, CA. Rand Corporation, 2015.**

This book is not about leadership, per se, but has several chapters on leadership in a time of great change in the health care industry. It is a must-read for all medical leaders today. It is easy reading and only 136 pages long. Chapters are short and to the point.

- 2. Kouzes, James M. and Posner, Barry Z: *The Truth About Leadership: The no-fads, heart-of-the matter facts you need to know*. San Francisco, CA. Jossey-Bass, 2010.**

The authors have researched exemplary leadership and list 10 "truths" that are foundations for great leadership. For example, Truth No. 8 is: You either lead by example or you don't lead at all. Gives lots of examples.

- 3. Collins, Jim: *Good to Great*. New York, NY. Harper Business, 2001.**

A best-seller. Compares 11 companies that became great with 11 in the same industry that did not become great and explains why. Key concepts: Get the right people on the bus and the wrong people off the bus. Get the right people in the right position on the bus.

- 4. Hertling, Mark. *Growing Physician Leaders*. New York, NY. Rosetta Books, 2016.**

The author is a retired Lieutenant General from the Army who became the CEO of a large health care system in Florida. He compares leading a group of physicians on the front lines of healthcare to leading soldiers in battle. Interesting comparisons. Great examples.

- 5. Philips, Donald T.: *Lincoln on Leadership: Executive Strategies for Tough Times*. New York, NY. Warner Books, 1992.**

My favorite book on leadership. Lincoln became president days after the South seceded. He was elected to office by a minority of the popular vote. Some people thought he would simply be a puppet to his advisors because he was just a “country lawyer.” He understood the issues on both sides of the war and always kept his eyes on what was best for the country as a whole, even when this did not please those around him.

- 6. Lazare, Aaron: *On Apology*. New York, NY. Oxford University Press. 2004.**

We are all human, and we make mistakes. Sometimes, we hurt other people and do not mean to do that.
If so, we need to know how to apologize.

- 7. Zemke, Ron; Raines, Claire; Filipczak, Bob: *Generations at Work*. New York, NY. Amacom, 2000.**

This is a good book to understand the different characteristics of the four age groups in all of our departments and divisions: Veterans, Baby Boomers, Generation X and Generation Y. For me, this gave me insight into myself and why I react in a certain way in my interactions with certain faculty members.