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Walk Before You Run: Why Followership Should Be the Cornerstone of Your Leadership Curriculum

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> *"Because most who become leaders begin at some entry level, I contend that the best leaders learn to follow first."*[1]
>
> Martin E. Dempsey 18th Chairman of the Joint Chiefs of Staff

There have been increasing calls for medical schools and residency programs to provide leadership training in medical education; some parties suggest the Accreditation Council for Graduate Medical Education (ACGME) make it a requirement.[2,3] True et al concluded that "an ACGME requirement to incorporate leadership training into GME programs nationwide would prove useful, as doing so would reinforce its importance, accelerate implementation, and expand knowledge of best approaches on a national level."[3] Whether or not a requirement, most in graduate medical education (GME) see leadership development as important in their career development.[4] Survey data from the US Air Force endocrinology fellowship program and Penn State's dermatology residency program reported that greater than 60% of respondents favored a formalized curriculum where leadership skills would be taught during GME.[5,6] Despite the growing interest in leadership curricula and 2 published systematic reviews of existing models, many programs are not formally teaching leadership. Programs that teach leadership often struggle to identify the most effective approach. The available data suggests that the currently used leadership curricula "lacked grounding in conceptual leadership frameworks" and "are heterogeneous and limited in effectiveness."[7,8] In this article, we argue that the principle of followership needs to be a core component of leadership training in health care. We will highlight how followership can be more readily adopted as a construct to teaching leadership in medicine because at all stages of our careers we transition between being a leader and a follower.

It is no surprise that finding an effective approach to teach leadership is difficult. Although not all physicians will have formal leadership roles throughout their careers, all will lead informally. This tenet is especially true in training, when we ask trainees to lead through their influence rather than their position. However, without a formal construct for trainees on how influence relates to leadership, rising physicians often feel

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that they have received no training at all. Recognizing this educational vacuum should make you more empathetic to why asking graduates to "become the leader" feels a bit like jumping from the bottom to the top without taking the stairs in between. In Sandhu's paper on educational health care leadership in the 21st century, he remarked that leadership education "can no longer be hierarchical and top-down, but rather has to be the lived experience of the leader."[9] We educate health care providers to be good clinicians through experiential teaching. We mentor them on how to execute management plans. As a result, they progress toward clinical independence. We need a similar experience-based construct for teaching leadership. The most successful trainees will lead their teams under the supervision of an attending by setting expectations, communicating, showing commitment to the team, and solving problems. Residents leading teams are both leaders (to the interns and students) and followers (to the attending). This form of leading while not being the leader is the very essence of followership.

PERSPECTIVE VIEWPOINTS

- There is a need for formal leadership training within medical education.
- There is no standard teaching for leadership, and existing curricula have had limited success.
- Followership describes how individuals lead without being in formal leadership roles.
- Physicians spend the majority of their careers leading without a formal leadership title, in which case teaching how to be successful at followership provides a readily executed and experientially based construct for teaching leadership skills.

The concept of followership has been around since 1980 when it was introduced by Robert Kelley in his article "In Praise of Followers."[10] Almost 40 years later, we are just starting to see followership being considered as an important part of leadership development. These conversations, however, are happening more quickly in the business and traditional leadership realms. Retired General Martin Dempsey, former Chairman of the US Joint Chiefs of Staff, spent significant time in his recent book describing the importance of the leader-follower relationship in great detail.[1] This growing focus on followership should spark recognition about its importance. The concept of followership in medical education, however, has largely been ignored. A systematic review reported that for every 60 articles relating to leadership in health care, there was only 1 on followership.[11] Anecdotally, we have found that many physicians have never heard the term "followership" and that there is some reluctance to even discuss it because the term "followership" can be confusing or have a negative connotation. In 1 of the few research studies performed to understand followership in health care, the authors noted that, "In particular, the notion of 'followership,' an uncommonly used or understood term in health care is something we sensitized participants to and they often struggled to define."[12] It is no wonder that there is misunderstanding, considering that the definition of followership is "the willingness to follow a leader." That definition hardly credits how followers contribute or the importance of followership with regard to leadership.

As military physicians, we have had the benefit of "leadership" training, but not in the way you might think. The majority of military training is focused on how we fit into the national defense system and how our roles support a bigger mission. This focus is not much different from our medical training. As a medical student, intern, resident, fellow, and even as faculty, our roles are most often supportive. The glaring difference between the 2 training styles has been the intention of the feedback we received. During military training, we were appraised on our ability to execute tasks, communicate with our superiors, and motivate subordinates, with feedback that was intended to bolster or improve our leadership skills. In medical training, we were evaluated on an ironically similar set of expectations. Did we execute the treatment plan, communicate well with consultants, teach the junior house staff? The evaluations were strikingly similar but they differed greatly in intent. The feedback was aimed to inform our clinical skills and not leadership skills. These are missed opportunities for experiential teaching on leadership.

From our perspective, the easiest way to explain and understand the concept of followership in health care is by highlighting how we function as followers in our daily lives. Consider this example:

> A resident and attending are in a code and resuscitating a patient. The attending who the resident likes and admires asks the resident to administer a medication but asks for a dose 10 times the recommended dosage. What should the resident do?

What should be done in this example is easy to recognize, but it highlights an important point. When we talk about followers, it is not meant to conjure up the image of an ignorant or aloof individual who will blindly do what they are told. Think about this scenario from the attending's point of view. Certainly you hope your trainee corrects you, but how they correct you is also important. The trainee or colleague who partners with you, calmly communicating the error and suggesting the right dose, is a far more successful follower than one who yells or does not provide a potential

solution. When thinking about followership from that perspective, we can see a clearer path on how teaching followership is directly linked to teaching leadership skills.

In many ways we are already teaching followership. Internal medicine residents are rated against the Accreditation Council for Graduate Medical Education milestones. Consider milestone Systems Based Practice 1, "works effectively within an interprofessional team" and milestone Professionalism 2, "accepts responsibilities and follows through on tasks."[13] In execution, these milestones are all about followership. Is the resident executing the plan of the day, working within the hierarchy of learner, teacher, and consultant? We know what it looks like when residents are successful because when they are, we reward them by giving them progressive responsibility and independence.

Building on what we are already doing will require effort, but it offers exponential experiential leadership development opportunities. The next challenge will be getting trainees to recognize that thriving at followership will translate into building leadership skills. One way programs can support this idea is to be more explicit about using the existing opportunities to coach residents on leadership development. Introducing them to the concept of followership provides a language to make this clearer to learners. Familiarization with the different followership archetypes will be a crucial first step to building a new lexicon for these leadership skills. In the paper by Judy McKimm and Claire Vogan, they outline the attempts of 6 authors to codify different follower typologies.[14] The exact name of each typology is less important than their descriptions. Each author essentially categorizes the same actions that ultimately describe how engaged you are in supporting your organization. The reality is that throughout our careers, we will transition between being a follower with low engagement in our organization's mission and high engagement with the mission. A large emphasis of followership is that even if you are at a point in your life where engagement is low (eg, you are recovering from an illness and physically cannot take on extra work) you can still be highly valuable to your organization as a resource.[15] Table 1 includes a list of the different typologies by author as well as our categorization on their potential negative or positive influence. By providing scenarios to work through and giving our trainees directed feedback on how they performed in their follower role we can help them determine which type of followership they currently employ and what type of follower they wish to become. Being explicit about followership and its role in leadership will allow those in followership roles to see its importance and understand that by being an effective follower they are increasing their leadership ability.

From our perspective, followership is about taking ownership of your role and being committed to your organization's and your leader's success. The followers who rise to formal leadership positions have a better understanding of what they want from those they lead. Our final thought on followership is that it is just as important to point out behavior that is counterproductive to being a successful follower. In the words of Army Command Sergeant Major Disque: "Avoid being a toxic subordinate."[16] Consider the characteristics listed in Table 2. Most of us are familiar or have dealt with the concept of toxic leadership, but toxic followership is equally important and potentially detrimental to

Table 1 Follower Typologies

Author (Year)	Negative Typologies	Positive Typologies	Bridging Typologies*
Zaleznik (1965)[17]	Impulsive Masochistic Compulsive Withdrawn		
Kelley (1988)[10]	Alienated Sheep Yes people	Effective	Survivors
Kelley (1992)[18]	Alienated Passive Conformist	Exemplary	Pragmatists
Chaleff (1995)[15]		Partner	Implementer Individualist Resource
Kellerman (2008)[19]	Isolates Bystanders	Activists	Participates Die Hard
Rosenbach et al (2012)[20]	Subordinate Contributor	Partner	Politician

*Some followership styles are neither completely negative nor completely positive but rather are situational or a mix of typologies. For example, you may need the diehard on your team to help get the job done, but that same follower may not recognize or resist when the plan needs to be changed.

Table 2 Effective vs Toxic Followership Traits

Effective Followership	Toxic Followership
Takes initiative to get the job done	Gives up on encountering road blocks
Researches problems to provide context	Offers "off-the-cuff" solutions without supporting evidence
Proposes solutions	Reports only problems
Takes ownership of team failures	Diverts blame to others
Provides constructive criticism to colleagues and superiors	Does not speak up if criticism is warranted
Handles disagreements in private	Openly disagrees in public or undermines authority
Remains positive	Negative attitude
Acknowledges the work of others	Prefers to take credit
Volunteers to help others	Only does what is asked or required

a team. These characteristics can be incorporated in our evaluations and provide feedback based on performance. Did the resident, intern, or medical student excel in this block or did he or she falter both clinically and as a follower? Use the examples of effective followership in Table 2 to give them a specific action plan for improvement.

In your system, it is likely that your last chief resident, service chief, associate program director, and program director were chosen because they were effective followers and in being so identified themselves as future leaders. Leadership, like everything we do, can be a progressive, learned skill and we do not have to reinvent the wheel to start teaching these skills. We can start by raising awareness, changing perceptions, and building a dialogue about followership.

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