



Mark Greenawald MD

...short story... physician leader, developer and medical educator...coach and catalyst for optimal performance of physicians and physician groups

footprints: "discovered" a passion for physician leader development while a medical officer in the US Navy | after completing Navy obligation, worked "very part time" for 6 months and became a student of human performance development | over past 10 years, involved in physician leadership development and physician educational leadership development, trained as a leadership and executive coach, and helped create the Carilion Clinic Office of Professional Development and present role as Medical Director for the Carilion Clinic Office of Professional Development

key areas of interest & expertise: physician leadership development | educational leadership development | communication skills (giving and receiving feedback, challenging conversations) | developing collaborative systems of care and organizational culture | disc personality profile | **key guides & inspirations:** many: as a physician, my father Henry Greenawald (family physician), my chair during residency, B. Lewis Barnett, Jr. for professional development: mentoring of Stephen Bogdewic, PhD and Wayne Sotile, PhD | writings of Stephen Covey, Parker Palmer, Daniel Goleman, Quint Studer, Marshall Goldsmith, Stephen Beeson | **motivations & passions:** taking all the energy squandered on ineffective interactions and the subsequent "damage control" and turning that into a positive force for health and healing for people, relationships, and organizations | **what makes it all worthwhile?** when breakthroughs occur for individuals or groups ... it's magic...

DELFINI: What one or two issues would you like to address for this interview and why?

MARK: The process of seeking, receiving and processing feedback. Much literature and training in business and medicine (for teaching and leadership) is focused on the process of giving feedback to others. While this is quite important, an equally (or perhaps more) important process, and very neglected one, is the "art and science" of seeking, receiving, and processing feedback, whether that be for evaluating clinical performance or personal effectiveness.

I am always interested in the human side of anything, and I came to be interested in this by seeing examples of exemplary leadership while in the military. I also saw some other leaders who were very bureaucratic and blind to the impact they had on other people.

It's very easy to look upward and criticize those above you and say, "I wish they'd ask me what I think." And yet many of these same people are in positions of leadership and simply don't ask others about own their impact.

DELFINI: What do you see as potential barriers, pitfalls, risks, "opportunities," or remedies?

MARK:

Barriers: Being an "expert," fear, past bad experiences with feedback, sense of vulnerability or feeling "out of control," positions and titles, territoriality and defensiveness.

Pitfalls: If not done well and from a place of groundedness, can be damaging for receiver and "messenger."

“ ...an...important process...is the “art and science” of seeking, receiving and processing feedback... ..Many people in positions of leadership...simply don’t ask others about their own impact....Not doing so creates the potential of our not being effective, even when our intentions are good.... ”

Risks: Not doing so creates the potential of our not being effective, even when our "intentions" are good. Also, creates a potential "cognitive dissonance" which

may result in the necessity of change in order to resolve.

Opportunities: Using a structured approach to actively and effectively seeking, receiving and processing feedback can accelerate professional and personal growth.

DELFINI: If you had one wish for an ideal, what would that be? Or a vision? However you want to answer this...

MARK: My vision would be that we physicians/leaders would tap into the rich sources of information possessed by our colleagues, leaders and those under our leadership who are constantly surrounding us in order to optimize our effectiveness, whether clinically or in our leadership roles.

DELFINI: What would it take for that to happen?

MARK: First would be a desire, a "want" to do it. Then would be developing the "skill" through practice (if it came naturally, we'd all be doing it!). Finally, possessing a deliberate "will" to follow through.

DELFINI: What do you see as potentially helping medical leaders and others with what you've selected to address?

MARK: We are surrounded by important information that would increase our effectiveness. By not tapping into this information effectively, physicians operate far below their potential.

I see that often when the leader says, "I'm open to feedback; I have an open door policy," but no one gives them feedback, they assume that everything is going fine. I ask those impacted by the leader, "Do you have feedback?" The answer is invariably, "Yes, we have lots of feedback. But I/we don't want to get killed as the messenger." Thus the cycle is perpetuated.

Leaders need to model their own ability to receive feedback. By asking, "How are we doing?"; by inviting feedback in a manner that says "I want to learn and do better," shows them you are willing to hear and consider. One positive result of this is when receiving feedback is modeled in a constructive way, others are more open to feedback from the leader.

An example is work we've been doing between speciality groups and primary care groups. We stopped focusing on who was going to manage the patient and instead focus on how the patients would be managed. Then we decide how that can best be accomplished. This removed territoriality and defensiveness.

DELFINI: Do you have favored resources for any groups on the topics you are addressing?

MARK: There is a paucity of literature on the process of seeking, receiving and processing feedback. Marshall Goldsmith has addressed this to some degree in his book, "What Got You Here Won't Get You There" and his concept of "Feed Forward." The Center for Creative Leadership has also addressed this somewhat. Because of the lack of information, particularly within the medical world, I created the instrument for "Taking I ACTION," a workshop for practical application, and am writing an article that is presently in draft form.

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DELFINI: Is there anything you wished we had asked or that you'd like to say or address?

MARK: Whenever I speak to physicians on this subject, it resonates at the "cognitive level" particularly with regard to those they report to ("I wish my boss could hear this!"). However, there is a great distance between acknowledging this and actually taking action. To take action takes great courage.

DELFINI: Do you have other words of wisdom for us?

MARK: Yes. I no longer think in terms of, "First do no harm." I think it should be, "First help the patient." (I

don't walk into a room and say to a patient, "How can I do no harm to you today!")

DELFINI: Good one! Any <medical leaders . org> interview candidates that you'd like to hear from?

MARK: Wayne Sotile, PhD. Stephen Beeson, MD. Stephen Bogdewic, PhD.

DELFINI: And almost lastly, the best medicine is to be happy, yes? What's your favored flavor-of-the-moment to make you or any of us more happy? Toss us a little tidbit from your medicine cabinet, please.

MARK: Though at first it sounded "sappy" to me, I began keeping a "Gratitude Journal" a few years ago, and it has greatly enhanced my life and my happiness. "We see what we look for."

DELFINI: Now tell us something fun about you?

MARK: It is my "hidden fantasy" to be an "Inspirational Comedian."

" We see what we look for... "