

**Leadiatrics 101:  
A Multigenerational Tale of  
Pearls and Pitfalls  
For MidCaN Members**

**Ashley Lucke, MD**

**The University of Texas at Austin**

**Dell Medical School**

**Lewis First, MD**

**University of Vermont**

**Larner College of Medicine**

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# Objectives

- L**—earn about leadership styles of the multi-generations that surround us
- E**—xamine what you do and do not need to lead successfully as an xennial and baby boomer
- A**—ssess what you do and do not need to lead no matter what generations you work with
- D**—iscover the joy of being not just a neonatologist but a neonatal leadiatrician!

# Let's Start with A Quick Review of 5 Generations That Cross Our Paths Daily

- But first—what's a generation?
- **Generation:** A group of people living at about the same time and of the same age. According to the “pulse-rate hypothesis”, a society's entire population can be divided into a series of non-overlapping cohorts, each of which develops a unique “peer personality” because of the time period in which each cohort came of age (Strauss, William; Howe, Neil (1991). *Generations: The History of America's Future, 1584–2069*. New York: Harper).
- So what are some of these peer-personalities?

# Generational Differences

1. **Veterans** (Silent Generation)—(born 1922-1943)—dedication and sacrifice—duty before pleasure, hard work, no-nonsense
2. **Baby Boomers**—(1943-1960)—optimism, team, work, and personal gratification, strong work and family ethic and want to do a good job
3. **Generation X**—(1961-1980)—independent, diverse, global thinking, balance of personal and professional life, value competency, not authority

# Generational Differences

4. **Generation Y or Millennials**—(1981-2000)—tech-savvy, creative, idealistic, strong team players, accepting of diversity, and flexible in terms of time and space, hopeful and positive outlook—also focused on balance of work and personal life
5. **Generation Z or Post-Millennials**—(2001+)—optimism, diversity, street smart and very tech savvy, sociability, confidence—favor making changes

# What Do We Know About Leadership Styles of These 5 Generations

- **Veterans**—command and control, take charge and delegate
- **Boomers**—Participatory; love consensus but lack skills of motivating and delegating—often talk it but don't walk it—enjoy servant leadership to get the job done
- **Xers**—Participatory but want fairness, value competency in leadership, not authority; often too straightforward to the point of cynical which may affect their ability to retain people

# What Do We Know About Leadership Styles of These 5 Generations

- **Millennials**—value work and making an impact through change; strong sense of self leading to job changes if not happy; more comfortable with tech to change systems; Likes a relaxed flexible environment but also wants things done now! Wants to give back to community!
- **Zers**—just starting to learn about them but may be similar to Millennials with even more tech savvy—may be threatened by leaders who see winners and losers since they grew up getting participation ribbons; value self over community but also most accepting of diversity!

# So How Do We Find the Leadership “Sweet Spots” When We Encounter All These Generations as People We Work with or Who Lead Us?

- One possibility—consider leadership lessons we can learn from a sixth generation—**The Xennials!**
- Who best to comment on this “extra” generation—but an Xennial herself—Dr. Ashley Lucke!





**LEADERSHIP  
THROUGH  
THE XENNIAL  
LENS..**

# Xennials

- **1977-1985 birth years**
- **Analogue childhood and a digital adulthood**
- **Both Gen X cynicism and Millennial optimism**
- **Strong convictions**
- **Entrepreneurial**
- **Take ownership with good follow through**
- **Nimble, agile, adaptable**
- **Xennials should highlight their “bridge” status between generations and ability to bring experience, process and maturity into the room”**

# Story #1

- **True or False: If you are selected for a leadership position from amongst your peers, the odds are greater for succeeding in that position!**

# FSU COM Class President 2009-2011



# Story #1: Class Officer Elections

- **Situational awareness: peer selected, horizontal leadership across the same skill, experience and training levels**
  - **Common situation in early career stage**
- **Impulsive leadership rarely beats deliberate leadership**
- **Without opportunities to contribute, peers may feel resentful**

# Story #1 Take-home

- **Being selected by your peers to lead does not make things easier!**

## Story #2

- **True or False: It's easy to use your emotional intelligence as a leader and not take things personally!**

# Section on Pediatric Trainees Chair 2013-14



Forgot to publicly recognize my good friend and co-chair of national advocacy campaign



# TECaN Chair



- **2015:** Elected to a two-year fellow representative position
- **2016:** Ran for 3 higher positions, selected for none
- **2018:** Elected Chair, made life-changing friendship with outgoing chair

## Story #2: Take-home

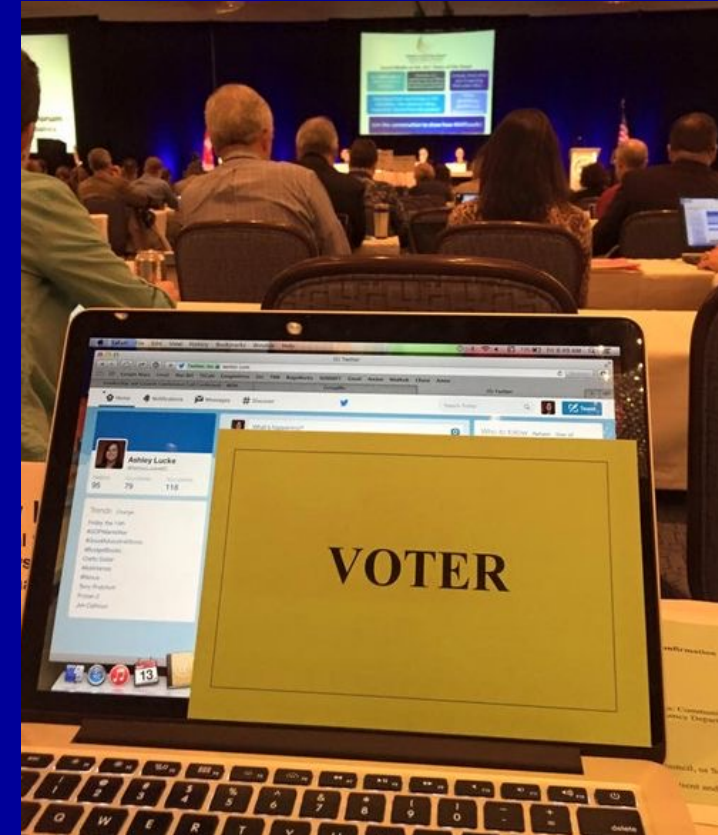
- Leadership changes relationships for 'better or worse', fortunately for me it went for the better

## Story #3

- **True or False: If you have strong leadership skills you can establish a shared vision quickly!**

# AAP Annual Leadership Forum 2015

- Authored a resolution to authorize medical student and resident membership to any council or section of the academy
- Heavily contested by our own SoNPM
- Resolution passed



# TECaN Focus Areas



## Advocacy

Engage in opportunities to impact awareness and policy on child health



## Career Development & Leadership

Resources to guide your professional journey



## Education

Collaborative learning and exploration of diverse subjects within Neonatology



## Global Health

Neonatology around the world



## Quality Improvement & Research



## Medical Students and Residents

# Story #3 Take-home

- **Even if your vision and leadership skills are laudable, it's still ok to seek the help of others to implement that vision**

# Story #4

- **True or False: Being aware of the need to include input from diverse stakeholders makes you a more effective leader.**

# Story #4: Be relentless in asking “Who’s missing?”

- **Consistent pattern throughout every leadership opportunity desiring input of unheard voices.**
  - Lack of diversity in race, ethnicity, gender identity, background, geography, practice setting, career stage, military etc
- **Inclusion and promotion of under and unrepresented groups requires tangible action**





# TECaN's Commitment to DEI



JOIN US FOR THE INAUGURAL MEETING OF:

## REPRESENTATION & EQUITY IN NEONATOLOGY (REIN)

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Hosted by AAP and SONPM - Live at PAS 2022!

Friday April 22<sup>nd</sup>, 11:30AM-1:00PM MDT

Light snacks and drinks provided; Hybrid option available

<https://us02web.zoom.us/join/register/tZUvdO-hrzooHNFBFmzQm8uFrT5aKPT49baB>

# Story #4 Take-home

- **Leaders need to redirect their resources with equity to those who need to be seen and heard, but often times are not.**

**So just as we can turn the pitfalls  
in my four xennial stories  
into take-home lessons,  
can we also learn some leadership pearls  
by hearing stories from another generation  
--the baby boomers?**

**Let's bring on someone who must have  
been a boom of a baby— Lewis First**

# Story #1

True or False:

**With the appropriate resources,  
pediatric leadership can happen.**

# **Story #1:**

## **The Parental Makeover**

**Goal: To change me into a rugged outdoors tough-guy kind of leader/son**

**Resources: Parents pay \$\$\$ for me to spend the summer at a rugged outdoors working ranch being a cowboy and learning how to lead and be part of a team that built a sewage system and a swimming pool.**

**Short term and long-term outcomes follow:**

# The Short-term Outcome: A Success?









# The Long-term Outcome: A Failure



## **Story #1 Take-home:**

**Resources alone cannot make  
a successful pediatric leader.**

## **So What Is Needed? Story #2**

**True or False:**

**If you martyr yourself— you'll become  
a successful pediatric leader.**

# Personal Anecdote #2:

## The IV Story



## **Story #2: Take-home**

**Martyring yourself will not make you  
a successful pediatric leader.**

# **So What Is Needed?**

**True or False:**

**Making others understand that children are not little adults allows you to lead effectively.**

# Story #3:

## The “does anyone even care about children” rant!

The situation (mid-1990’s): The need to merge hospitals and clinics into an integrated health system in Burlington, Vermont to save on costs and reduce staff and administration



# Story #3

- **My intent:** To point out how this new integration plan ignores completely the concept of our needing to stay identified as a “children’s hospital within a hospital”.
- **The method:** An “enthusiastic” rant at a department chair meeting that pointed out to non-pediatric dept. chairs their “insensitivity and inability to care about children who are not just little adults” if they vote to move forward with integration!

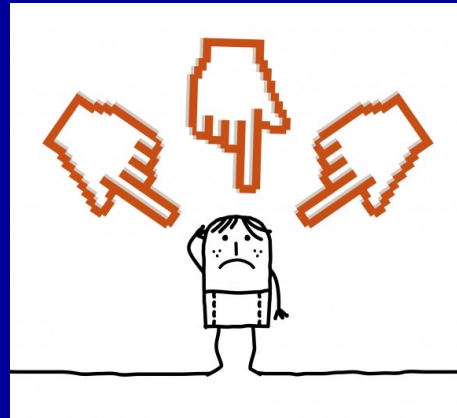


# Personal Anecdote #3

- **Short term outcome:** I felt great about how I had eloquently pointed out the inadequacies of my fellow chairs when it comes to their understanding the needs of children and their actions or lack thereof.
- I felt terrific suggesting I was there to lead more effective and humane ways to improve care to children than what was being proposed institutionally.
- The duration of that “feeling great” lasted...  
—less than the length of this bullet point!

## Story #3

- The consequences after I was done speaking: I was chastised and ridiculed publicly at that meeting!
- Each department chair pointed out my own ignorance of what they had done so that our department and children's hospital within a hospital even existed.



## Story #3

- **The outcome: We integrated anyway.**
- **No other chair or administrator at our institution besides yours truly was motivated for quite some time to improve systems for children in our new health system**
- **(28+ years later—things are much better for children and relationships with chairs are strong but not because of this ranting “tell it like it is” strategy!)**

## **Story #3: Take-home**

**Criticizing others to gain their understanding is not a humanistic or effective way to lead.**

# **So What Is Needed? Story #4**

**True or False:**

**Looking the part makes you  
a successful pediatric leader.**

# Story #4

## The Biker Rally

## Story #4: Take-home

**Clothes do not make the successful  
pediatric leader!**



# **The Bottom Line of My Four Stories:**

**Resources, martyring, ranting  
and “stylish” clothing  
are not what is needed to make you a  
successful pediatric leader!**



# **So What Does Work That We Believe Is Generation Independent?**

**5 Universal Leadership Pearls that may or may not be direct takeaways from my xennial stories but I have found to be essential for leading across generations—**

- 1. Utilize the resources that surround you (team member experiences, mentor, and community)**
- 2. Empathy and emotional intelligence help leaders build stronger relationships**
- 3. A shared vision for change often requires time and help from others**

# **So What Does Work That We Believe Is Generation Independent?**

**4. Ask yourself who is not represented in whatever effort or change you wish to lead—don't just speak for them—include them actively in the discussion and planning**

**5. Never forget the importance of mentoring and being mentored—vertically and horizontally-- no matter how high you go in leadership**

# **So What Does Work That We Believe Is Generation Independent?**

**5 Universal Leadership Pearls that may or may not be takeaways from my baby boomer stories but I have found to be essential for leading across generations—**

- 1. Visibility is credibility and an opportunity for people to know you as you and not as someone they usually wrongly imagine you to be**
- 2. Communicate well and often with those on your team—and that means listening as much if not more than speaking!**

# **So What Does Work That We Believe Is Generation Independent?**

- 3. Tell stories that always point out the strengths of others and/or highlight your own weaknesses to show you are human**
- 4. Define your leadership culture with a focus on caring, compassion, and collaboration in all that you do (passion and creativity don't hurt either)**

# **So What Does Work That We Believe Is Generation Independent?**

- 5. Measure your own effectiveness as a leader with process and outcome measures just as you need to measure the effectiveness of those on your team!**

**One measure to consider: Will others tell your “stories” and in so doing pay tribute to your effectiveness as a leader across generations?**

**Another measure: What is your sustainability plan?**

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# Summary:

**L**—earning to lead the way as a champion for newborns and families

**E**—mpowers you to

**A**—dvance clinical care, research, education and advocacy across generations of faculty and trainees practicing neonatology and in doing so

**D**—efines a healthier future for future generations of infants you care for who may even follow in your footsteps and become the neonatal leaders of the future!

# Questions and Comments