

Physician leadership in contemporary medicine: an interview with Dr. Anthony Lang

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Dr. Anthony Lang

Dr. Anthony Lang is largely considered to be the world leader in movement disorders, with over 700 publications and over 87,000 citations. He has accrued an international reputation for his roles as a researcher, as a leader who served as the President of the Movement Disorders Society and as a founding member of the Parkinson Study Group, as an educator who has mentored the next generation of movement disorder specialists from around the world, and, perhaps most importantly, as a clinician who shows expertise tempered with humility, empathy, and compassion for his patients. Dr. Lang has been the recipient of countless awards and accolades to acknowledge his contribution to the field of movement disorders. In 2010, Dr. Lang was appointed as an Officer of the Order of Canada, one of the country's highest honours. In 2011, Dr. Lang was elected as a fellow to both the Canadian Academy of Health Sciences and the Royal Society of Canada. In 2015, he was listed in Thomson Reuter's World's Most Influential Scientific Minds.¹ Dr. Lang is the quintessential physician leader, and as such, his experiences could serve as a masterclass in leadership for physicians looking to initiate health system transformation and leading innovations in the Canadian healthcare system.

MM: In medicine, leadership is often a by-product of necessity and physicians seem to fall into their leadership roles. Was this your experience as well?

AL: Yes. Always a physician first. You must focus on developing your expertise as a clinician first, and then naturally became a leader in the field as the need arises.

MM: When you did take on a leadership role, including administrative duties like becoming the Director of the Movement Disorders Clinic, did you seek out any additional training or were you mainly learning on the job?

AL: Definitely learning on the job. I didn't have the time, especially with my clinical and research duties. There are some administrative positions where you can take time off to pursue education, but I didn't have an easy opportunity to do that given a busy clinical load. So, it was largely learning on the job.

MM: Do you think that being a researcher is critical to pursue any kind of leadership role in neurology?

AL: It really depends on the level of the leadership role. I think you can be an expert clinician and be a leader locally. For example, you can develop a leadership role in a local organization. But, if the leadership role requires an international reputation or perspective of the world stage in the field, then I think you need to be a researcher because that's how you get those connections. When you are publishing and have invitations to lecture and interact with others in your field, it allows for opportunities to connect with your colleagues and understand what else is going on in neurology. But, if you are exclusively doing clinical work, you don't have the opportunity to connect at the national, let alone the international, stage.

MM: Mentorship is really important in medicine, especially when it comes to leadership training. Did you have any mentors? Do you still have mentors at this stage in your career?

AL: Mentorship is very important. Most of my mentorship was at the clinical and research-development stage. Although, some of the mentorship helped move me through international positions. For example, when I was in an editorial board position for an international journal, I worked very closely with the previous editor. This was an editorial position that had a western and eastern hemisphere editor. The European editor was my mentor while I was completing my fellowship in London. The western hemisphere editor became a mentor when I returned to North America. In a way, I was mentored through to a very important international position (the subsequent Editor-in-Chief) that was critical to my leadership development.

When you reach a certain level of leadership, I think you are mentored by colleagues who are also in leadership positions. I became president of an international society, and so all of my past presidents mentored me through into the leadership role and I continue to interact with and collaborate with the future presidents, so I learn on an ongoing basis from them. I think you also learn from the people whom you mentor, so you learn a great deal from the junior people that you work with. You learn how to better mentor, you learn new ideas, and you're always challenged. That's one of the nice things about doing what I do, I am constantly challenged by people that I am training. That's also the joy of what we do at a senior career stage.

- MM:** It can be hard for medical students and junior trainees to develop mentorship relationships. Do you have any advice on how to cultivate a relationship with a mentor, and how to make it easier for the mentor and the mentee because it can be really hard to make time?
- AL:** It is very difficult. The more junior you are, the more difficult it is. We run a large fellowship training program and these are people who are already trained in neurology and have decided to dedicate themselves to my subspecialty. So, obviously, it is easier and more important for me to mentor people who are committed and developed to that stage, than people at the medical student or residency levels. So, it is harder for more junior trainees to find mentors that have the time, interest, and willingness to mentor. With that said, there are very good people who do mentor junior trainees and they tend to be the frontline clinicians. Clinicians who are working more at the local level are very nurturing and excellent teachers. It is very important for junior trainees to master the clinical skills, so I think maybe they should look to the clinicians. Those are also the physicians that junior trainees are more likely to get exposure to in medical school because they are the ones who do the lion's share of the teaching.
- MM:** You are a man who wears many hats: physician, professor, researcher, leader, and innovator. What has been the most challenging part of your career so far?
- AL:** The most challenging part, I guess, has been the local leadership. As someone who has built his own program, you have a lot of responsibilities and you are accountable for the program's success. There are a lot of people that you hire, that you are responsible for supervising, and that have to work in your unit to make your unit succeed. While it is on a much smaller scale than the president of a hospital, you still have to deal with interpersonal conflict, behavioral issues, and performance issues. That's something that most of us are not trained to deal with as physicians. I believe that is where taking additional courses and learning from the experiences of others is really important. That's probably been the most challenging part of my career. I think research and patient care are things that you are trained to do, it's natural, and it's fun in a way. The rest is what I see as more mundane, but very necessary, administrative leadership.
- MM:** As you described, conflict resolution is a very important part of leadership. In your time as a seasoned leader, have you developed any strategies or tips that we could learn from?
- AL:** I think that most of the time – not always – but most of the time, there are two very reasonable sides to a problem. So, hearing people out and trying to figure out the root of the conflict, rather than enforcing one opinion, is best. On the other hand, there are some conflicts where you have to put your foot down and say this person is going to have to toe the line and change their behaviour. I think you start with the intent to resolve the conflict by understanding both sides of the argument and work to a mutually acceptable resolution, but that's not always possible, and that's where the leader has to make the decision.
- MM:** If you could go back to the day you entered residency, what advice would you give to your younger self?
- AL:** Maybe to be a bit more open to research. It's kind of funny that where I am now is very different from where I started. I was approached early on by teachers to be more involved in research in my first-year neurology residency and I really wasn't that interested. I think, in part, I wasn't interested in the subject matter and I hadn't found my passion yet. In Toronto at the time, there wasn't anybody doing movement disorders and that's why I went away and came back and basically built the field here. So, had I had a mentor in this field at the time, maybe it would have been very different and I would have gotten more involved in research earlier on. Looking back, it would have been the experience in research, not necessarily the specific topic of the research, that would have been worthwhile. Either way, it turned out pretty well!
- MM:** More and more, you hear about work-life balance and wellness in medicine and residency. How do you maintain that work-life balance?
- AL:** Well, in my early faculty days, I didn't do it very well. I'm lucky that I have a wife who is very tolerant and has been very supportive, who really raised the children. I was often not there as they were growing up and I lost some of their childhood. A lot of parents now in academic medicine are living very differently than we did. So, this experience wasn't unique to me but it was something that's rather different now. Now, I make it a point of going home early on Wednesdays because my granddaughter comes to stay with us. I never remember leaving early to be home with the kids, so, it is very different and the culture is changing.
- On the other hand, to succeed in this field in academic medicine, you've got to do a lot of work. You've got to commit and you've got to spend a huge amount of time doing that. And there is no such thing as Monday to Friday, there is no such thing as 9:00 a.m. to 5:00 p.m. You are working from the time you get up to the time you go to bed at night. You're often checking your e-mails in bed on your iPad. I'm still working a lot of weekends. I don't begrudge that. I enjoy what I do. You just get better at keeping more balls in the air.
- One thing I am doing now is I'm prioritizing. The trouble is that I'm prioritizing very important things, but I'm asked to be involved in even more important things than I ever used to be. So, the plate is always as full or more full than it used to be. But, I'm saying no, 100 times for every one time I say yes. That's much more difficult to do at a junior level. If you're given an opportunity, it's hard to know whether that's going to be an important opportunity and you don't

want to offend. My advice would be to look at each opportunity carefully and only commit to projects that are important to you and to things you are dedicated to and interested in. In medicine, obviously commit to things that will have an impact on patient care and outcomes. For example, I do a lot of work collaborating and advising drug companies on developing treatments for the patients that I deal with. And so, in this leadership position now, I can champion my patients. So, if I see that the company has something that might be very good for one disease, but they're interested in another disease, I say "hey, what about this disease? These people are suffering. We don't have something useful for them."

MM: What is one characteristic that you think every healthcare leader should have?

AL: An open mind and the ability to look at multiple perspectives. Empathy and emotional intelligence are also very important characteristics that all leaders should have.

MM: Where do the great ideas in your organization come from?

AL: I think you have two different streams. Sometimes it's a natural evolution and it's not necessarily a new idea out of the blue, but it comes from progressive understanding or thinking about what you know and what still remains to be understood, which is an awful lot. But there is serendipity and there are happenstance kind of situations. So, the idea of having a prepared mind, but being open to things happening, to listening to your patients, to observing [your patients], and not assuming that you understand everything. If you come in with a preconceived notion, you're not open to any alternative. You may miss really interesting clinical observations and opportunities that could open a completely different door and direct you in a different way.

MM: Do you have any advice for medical students who want to follow in your footsteps?

AL: Don't assume that you have to know your passion right now, and don't expect that you're going to have the answers today, tomorrow, next year, or the year after. I didn't know I was going to be a neurologist until well after I committed to becoming a cardiologist. I fell into neurology because I was on call one weekend during my third-year internal medicine residency. At the time, neurology was not an entry-level subspecialty, so you did your medicine and then you went into neurology. I did my third year and I was going to become a cardiologist. I was promised a position in the cardiology program and I just had to complete my third-year neurology rotation. I was on-call one weekend and I saw things I'd never heard of. Cardiology was chest pain, shortness of breath, palpitations, blackouts, and swelling ankles. The cardiac exam was exciting to me, but now no one does the cardiac exam the way it was done then.

To do good neurology, you should love the clinical skills since the clinical examination is critical. If you walk away from the bedside and say "oh, I can't think of a thing that this could be, I better do an MRI scan," go back to residency and get out of neurology. You should enjoy doing history. There's a lot of communication. Your patient involvement and examination are critical to allowing you to become a detective. You should enjoy that side of things and that's what that weekend was for me. Every patient was different and it was just incredible. I was high as a kite for the whole weekend. So, I fell in love and then I did movement disorders in my second year of neurology. So, that was a very slow evolution. Don't look for a eureka moment in the second year of medical school!

References

1. The World's Most Influential Scientific Minds 2015 [Internet]. Thomson Reuters. 2015 [cited 2019 Nov 9]. Available from: http://images.info.science.thomson-reuters.biz/Web/ThomsonReutersScience/%7B37a987a9-c378-4888-8baa-d4ba20cfdbfd%7D_tr_scientific_minds_online_final.pdf