

Leadership Is Everyone's Business



By Cristina Dumitrescu and Christine Sullivan

How do we understand leadership? It has been necessary for humans for thousands of years. Various cultures have attempted to define it, understand it, and apply its principles. As humans, we take many things for granted. Subconsciously, we search for routines and look for mentors within our personal lives or our professions. The challenge is to know what to look for and then allow ourselves to become great leaders.

Effective leaders are aware of their emotions and are able to monitor and then use them in appropriate ways and in the proper context (Goldman, Boyatzis, & McKee, 2002).

Positive work environments are created by effective leaders, along with each member of their teams. According to Boyatzis & McKee (2005) resonant leaders are mindful, compassionate, and hopeful and are skilled in eliciting affiliative and affirmative emotions in others. They are mindful in that they are fully aware of themselves, others, and the environment.... They face challenges and opportunities with equanimity and respect the contributions of the people they lead and those who serve. (p. 88) therefore, effective leaders must be able to manage their emotions as they lead their teams.

The purposes of leadership are several: One is the goal of good client outcomes, which reflects a job well done, and another is to foster dynamic and well-functioning teams. In most executive positions, leaders are responsible for the survival and growth of the entire organization (Ledlow & Coppola, 2014, p. 221).

Effective leaders can improve staff morale, decrease staff turnover, and foster adherence to the organization's mission.

Competent leaders recognize the contributions of their employees by celebrating milestones and victories. They also build an atmosphere that encourages diversity and facilitates a positive collaborative environment.

Capable leaders realize the importance of having health care team members who are active participants. Effective team members question the status quo and reflect on their job performance and their participation in the rehabilitation environment. Team members should seek out leadership mentors and demonstrate an intense commitment to their positions. If a practitioner is more seasoned in the field, he or she should assume a leadership role by sharing knowledge and working collaboratively with the more junior team members.

In conclusion, all practitioners need to be active participants in leadership roles to varying degrees. Some practitioners enjoy spearheading new organizational programs, whereas others feel more at home being a leader (on a smaller scale) within their treatment teams. Whether leading a client in treatment or working on a larger scale project, every practitioner is valuable and a potential leader in some way.

References

Boyatzis, R., & McKee, A. (2005). *Resonant leadership*. Boston: Harvard Business School Press.

Goldman, D., Boyatzis R., & McKee, A., (2002). *Primal leadership: Learning to lead with emotional intelligence*. Boston: Harvard Business School Press.

Ledlow, G. R., & Coppola, M. N. (2014). *Leadership for health professionals*. Burlington, MA: Jones & Barlett.

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- See more at:

<http://www.aota.org/Publications-News/otp/Archive/2014/8-25-14/Leading-Lights.aspx#sthash.zMDDmvHy.dpuf>





Ask Pearl

Q: Dear Pearl, I am clinician practicing in an outpatient hand clinic. I want to stay up to date with all professional changes, codes, and reimbursement. I know that since January 2017 we

have new evaluation codes with specific time requirements based on complexity of each case. Please advise on the distinctions of each level of complexity.

A. According to AOTA descriptors, here are the definition for each category: *“The level of the occupational therapy evaluation performed is determined by patient condition, complexity of clinical decision making, and the scope and nature of the patient’s performance deficits relating to physical, cognitive, or psychosocial skills to be assessed. The patient’s plan of treatment should reflect assessment of each of the identified performance deficits. **Performance deficits:** performance deficits refer to the inability to complete activities due to the lack of skills in one or more of the categories below (ie, relating to physical, cognitive, or psychosocial skills): **Physical skills:** Physical skills refer to impairments of body structure or body function (eg, balance, mobility, strength, endurance, fine or gross motor coordination, sensation, dexterity). **Cognitive skills:** Cognitive skills refer to the ability to attend, perceive, think, understand, problem solve, mentally sequence, learn, and remember resulting in the ability to organize occupational performance in a timely and safe manner. These skills are observed when: (1) a person attends to and selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered. **Psychosocial skills:** Psychosocial skills refer to interpersonal interactions, habits, routines and behaviors, active use of coping strategies, and/or environmental adaptations to develop skills necessary to successfully and appropriately participate in everyday tasks and social situations.”*

Hope this helps,

Sincerely, Pearl

For further information please visit the AOTA website at:

<http://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/News/2016/webinar-evaluation-codes.aspx>

<https://www.aota.org/~media/Corporate/Files/Advocacy/Federal/coding/Descriptors-of-New-CPT-Occupational-Therapy-Evaluation-Codes.pdf>

*Are you looking to establish a level II fieldwork program? Change up your weekly/monthly student assignments? Establish objectives for your fieldwork program? Develop a fieldwork manual for your facility? MOTEC is here as a resource with its newly created **OUTREACH** Committee. See below our contact info.*

Please visit us on the web: <http://www.motecot.org/>

MOTEC Mission

To serve as a resource for fieldwork education allowing for collaboration between fieldwork educators and academic fieldwork coordinators. To promote a supportive network fostering excellence in fieldwork education and helping students transition to competent entry level practitioners ready to meet the occupational needs of society.

MOTEC PHILOSOPHY IS TO:

- Promote quality fieldwork education
- Encourage collaboration between academic programs and fieldwork education sites
- Exchange concerns, ideas and resources between academic and fieldwork educators
- Ensure that fieldwork education supports current and emerging practice areas
- Encourage students to promote occupation centered intervention and evidence based practice in the fieldwork settings
- Encourage students and fieldwork educators to engage in science driven, evidence based practice to support reimbursement of occupational therapy services

One event designed just for you

Save the Date!

MOTEC’s Annual Clinical Council Day

Date: Wednesday May 24th, 2017
9:00AM-1:00PM

Location: Touro’s Manhattan Campus on West 23rd Street. NY, NY 10012 between 5th-6th Ave. Please bring Photo ID

Topic: Mindful Leadership In Occupational Therapy Practice

Presenter: Dr. Angela N. Hissong,
OTR/L, CMCP, CMMT

Earn 4 contact hours equal to 4 Professional Development Units as per NBCOT guidelines.

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-Mercy College OTA Program