LEADERSHIP IN SURGERY, OR HOW TO CREATE A SUCCESSFUL SURGICAL UNIT

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To create a successful surgical unit, academic or otherwise, you must become a leader. And leadership is an art, which is difficult to learn, best by spending your training in a group led by a great personality.
Theory of leadership: a grossly misused topic

- Abundant literature on the subject.
- Numerous theories and models circulating in literature and on the internet.
- Most theories have been written and developed by the people who never led anything, or held a position of leadership or of importance.
Concepts of Leadership.

Leadership models help us to understand what makes leaders act the way they do. The idea is not to lock yourself into a type of behavior discussed in the ...

www.mwlink.com/~donclark/leader/leadcon.html - 33k - Im Cache - Ähnliche Seiten

The best models are the simple ones that we can easily grasp.

For example, Hersey and Blanchard's Situational Leadership Model (SLM) is built upon two dimensions of coaching - supervision and arousal ...

www.mwlink.com/~donclark/hrdvelopment/modeling.html - 10k - Im Cache - Ähnliche Seiten

Situational Leadership model

This is a term that can be applied generically to a style of leadership, but that also refers to a recognised, and useful, leadership model ...

www.chimeraconsulting.com/validleader.htm - 10k - Im Cache - Ähnliche Seiten

Contingency models

Leadership styles cannot be fully explained by behavioural models. ... Vroom-Yetton Leadership Model. The models described have limited validity ...

www.soe.ed.ac.uk/~gerard/MENG/ME96/Documents/Styles/corti.html - 7k - Im Cache - Ähnliche Seiten

Leadership Models and theories

A compilation of leadership models and theories, including situational leadership, action control leadership and transformational leadership ...

www.stewart-associates.co.uk/leadership-models.aspx - 118k - Im Cache - Ähnliche Seiten

Path-Goal Theory - Robert House

Leadership model: Path-Goal Theory, Robert House 1971 ... According to House, there are
Scotland Regional Authority guidelines
Models and Theories

Leadership Traits
Leadership theories that attempt to identify the common traits possessed by successful leaders. These traits include:

- Adaptable to situations
- Alert to social environment
- Ambitious and achievement oriented
- Assertive
- Cooperative
- Decisive

- Dependable
- Dominant (desire to influence others)
- Energetic (high activity level)
- Persistent
- Self-confident
- Tolerant of stress
- Willing to assume responsibility

However, the list is ever-growing and no definitive list is possible.
- Some personality traits may lead people naturally into leadership roles. This is the Trait Theory.
- A crisis or important event may cause a person to rise to the occasion, which brings out extraordinary leadership qualities in an ordinary person. This is the Great Events Theory.
- People can choose to become leaders. People can learn leadership skills. This is the Transformational Leadership Theory. It is the most widely accepted theory today and the premise on which this guide is based.

Do you want to enter Leadership in Medicine?
If it were so easy ....

**Double Diamond Leadership™**

This unique **four-day** workshop integrates both outdoor (on snow) and indoor learning to anchor two powerful leadership models.

Double Diamond Leadership™ is a program that combines the powerful Leadership Diamond® and Sports Diamond™ models, language and method to significantly enhance leadership capacity through intensive indoor sessions blended with an on-snow experience. The results are extraordinary.
Good leaders are **made** not born. If you have the desire and willpower, you can become an effective leader. Good leaders develop through a never ending process of self-study, education, training, and experience. This guide will help you through that process.

<table>
<thead>
<tr>
<th>Directive Language</th>
<th>Non-directive language</th>
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<tbody>
<tr>
<td>“Tell me exactly what you did.”</td>
<td>“It might help if you speak a little more about that.”</td>
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<tr>
<td>“No – the answer you’re looking for is six.”</td>
<td>“Perhaps tell me how you worked your answer out.”</td>
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<td>“You need to open up to me more.”</td>
<td>“I notice that you don’t always seem to feel comfortable discussing some things with me, and I was wondering what caused that?”</td>
</tr>
<tr>
<td>“If you want to improve your social life, you should get out more.”</td>
<td>“What is it about your social life that you want to improve?”</td>
</tr>
<tr>
<td>“Go and join one of those singles groups on the internet – they’re really good.”</td>
<td>What could you do to improve your social life?</td>
</tr>
<tr>
<td>You’re still procrastinating – you simply need to get going.</td>
<td>“What’s stopping you from getting into action here?”</td>
</tr>
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</table>
Proven method of leadership in academic institutions, which stood the test of time: Conant’s Harvard University method.

“There is only one proven method of assisting the advancement of science - that of picking men of genius, backing them heavily, and leaving them to direct themselves."

James Bryant Conant (1893 – 1978), President of the Harvard University, 1933-1953, in a letter to the New York Times, August 13, 1945
Today, complete reversal of Conant doctrine can be observed, and it sounds like this:

- Find compliant, mediocre non-entities for leadership positions.
- Give them little or no financial independence.
- Interfere in their decisions.
Different leadership levels

**UNIVERSITY EQUIVALENTS**

- Dean of the medical school
- Chairman of the department
- Head of the division
We must acknowledge the fact that the increase of health care costs, development of novel hospital structures, and emerging reorganization of medicine, all demand a substantial departure from the present structures (and from present leadership).
Leadership in medicine: where are the leaders?

S Bruce Dowton

MJA 2004; 181 (11/12): 652-654

Introduction — Championing identity — Creating linkages — Translating complexity — Modelling behaviour — Acknowledgements — Competing interests — References — Author details

Abstract

Despite leadership roles being critical, we persist with outmoded models of organisations and pay inadequate attention to developing individual leaders and new models of leadership within the medical profession.

- New forms of leadership are required. Among many important roles, leaders are called on:
  - to create effective linkages with other healthcare professionals and stakeholders, as well as with healthcare system managers;
  - to interpret complexity so that their institutions and followers can operate successfully in uncertain times; and
  - to consistently model ethical behaviour.
The Leadership Grid

1.9
Country Club Management
Thoughtful attention to the needs of people for satisfying relationships leads to a comfortable, friendly organisation atmosphere and work tempo.

9,9
Team Management
Work accomplishment is from committed people, interdependence through a "common stake" in organisation purpose leads relationships of trust and respect.

5,5
Middle-of-the-Road Management
Adequate organisation performance is possible through balancing the necessity to get out the work with maintaining morale of people at a satisfactory level.

1,1
Impoverished Management
Exertion of minimum effort to get required work done is appropriate to sustain organisation membership.

9,1
Authority-Compliance Management
Efficiency in operations results from arranging conditions of work in such a way that human elements interfere to a minimum degree.
Leadership in surgery is dependent on the organizational model established in particular hospital or university

| **US method** | Large surgical department with omnipotent chairman, who has almost complete freedom in staffing and in financial matters. Significant discretionary funding is available, close industry cooperation desired. |
| **German university model** | Departments as nominal units, with several large, semi-autonomous divisions. Funding is strictly controlled by university or hospital administrators. |
| **British model** | Consultants with a small staff, rarely reaching a critical mass for research; and only external research funding. |
| **Japanese model** | Very authoritarian; large surgical staff with substantial scientific productivity, but little clinical workload, often with strong industrial participation. |
Leadership by example: a proven, although presently discredited as “dictatorial” method.

Frederick the Great’s Prussian infantry attack at Hohenfriedeberg in 1745.
The only possible leadership in surgical departments

Officer school for US marines
Founding of the German Surgical Association in 1872

Three out of eight most prominent German surgeons elected to wear Prussian general’s uniform for this occasion
Other leadership models exist in surgery, although some are being phased out:

- **Extremely authoritarian leadership** (“Geheimrat”), previously known as the German model, but also widely practised elsewhere, especially in some US institutions.
- **Collective leadership** (“Primus inter pares”), as practiced in Scandinavian and Benelux countries
- **Leadership in socialized medicine**: Surgeon acts as the chief administrator, with substantial organizational facilities, often with moderate surgical knowledge, and little scientific productivity. In many places, this represents administrator’s dream, but usually leads to demise of a previously distinguished department.
Surgical department cannot be led like a company, bank or governmental office
In leadership, some basic rules have to be followed:

- You can exercise direct operational control only over a limited number of people or units: 7 - 8, as a rule. For the control of the rest, you have to delegate.
- **Avoid micromanagement**: e.g. whether to use 200 or 400 µg min Dobutamin; or when to start ATG after TX; or which analgesic or sedative at night. There are people who know more about the patient than you do after only a short visit. But have firm guidelines established for the unit!
- Meet with your principal collaborators often, at least once a week, for an extended discussion about actual problems.
- Keep your door open to your collaborators: you must give them an opportunity to share their problems with you.
- Stay away from whisperers who avoid open discussion, but are ready to pour poisonous misinformation into your ear.
Surgery is still a manual activity, and teaching takes place in the ward, in ICU, or at the operating table.

Professor Billroth operating in Vienna around 1880.
Billroth’s methods of gastric resection (Billroth I and II), a revolution in surgery
Great surgeons are remembered less for their operations, but more for their trainees!

“Billroth tree”
Almost all major advances in the field of cardiac surgery came from the units led by charismatic, forceful leaders. Their units were definitely not “democratic”; quite contrary, they were very authoritarian.
Senning’s description of atrial correction of TGA from 1958
6. CL. CRAFOORD: Två fall av kirurgiskt behandlad aortstenos.

Jag ber att få tacka för att jag fått tillstånd att utbyta mitt föredrag om intratorakala tumörer mot ett föredrag om den kirurgiska behandlingen av coarctatio aortae. 

Jag har nämligen sedan lång tid tillhaka planerat att kirurgiskt behandla fall av denna art och då nu i höst efter åmötets utgång till årsmöte föredrag ett par sådana fall blivit opererade, har jag ansett att en redogörelse för dessa skulle vara av så pass stort intresse att ett utbyte av föredrag på programmet skulle vara berättigat, så mycket mera som, så vitt jag vet, dessa båda fall är de första av denna art, som kirurgiskt behandlats. Lustigt nog läste jag i ett nummer av Annals of Surgery 1944, som jag hänvisar kom över i förgår, en artikel av Blalock i Amerika, om vissa experimentella studier över aortastenoser, som han framkallat på hundar. I samband med denna undersökning har han gjort
Leadership is also an exercise in scholarly politics:

- Remember that you will be surrounded by highly intelligent people: they will immediately spot any of your errors in judgment or reasoning.
- Pay careful attention before making a decision: get all possible information first.
- Once you made a decision, stick to it in spite of (expected) initial opposition: nothing is more deleterious for the unit’s morale than constant changes in direction.
- Support you associates in critical situations; as a leader, you must take over the responsibility.
- If something goes wrong, acknowledge the fact and discuss the situation openly.
Dilemma in modern medicine: Practice of medicine is based on compassion and deep commitment to patient’s care. Surgeons object to being subjugated to cost containment and balanced budget, prepared by administrators who are not responsible for patients’ outcomes.
Non-surgical skills which future surgical leaders should acquire before taking office

• **Time management**: most important for a surgeon spending long time in operating room.
• **Information management**: retrieval, sharing, filtering, evaluating, filing (!).
• **Delegation of authority**: selection of competent staff who are given substantial areas of responsibility.
• **Communication**: passing the information to the target groups; finding time for talks with coworkers; keeping your door open to the needy.
• **Financial, legal and administrative knowledge**
Surgical leadership can be an exercise in loneliness: you will be left alone with difficult decisions.

Edward Hopper, Nighthawks (1942), Art Institute of Chicago
This speaker’s qualifications for these provocative remarks

<table>
<thead>
<tr>
<th>Position</th>
<th>Years</th>
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<tbody>
<tr>
<td>Director, Clinic for Cardiovascular Surgery, University Hospital Zurich</td>
<td>1985 – 2004</td>
</tr>
<tr>
<td>Head, Cardiac Surgery division, City Hospital Triemli</td>
<td>1990 – 2004</td>
</tr>
<tr>
<td>Chairman, Department of Surgery, UHZ</td>
<td>1998 – 2004</td>
</tr>
<tr>
<td>Dean of Medical School, University of Zurich</td>
<td>1994 – 2000</td>
</tr>
<tr>
<td>Secretary General, EACTS</td>
<td>1986 – 1992</td>
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<tr>
<td>Editor-in-Chief, EJCTS</td>
<td>1993 – 2000</td>
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<tr>
<td>President, EACTS</td>
<td>2001 – 2002</td>
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<tr>
<td>Editor-in-Chief, MMCTS</td>
<td>since 2004</td>
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<tr>
<td>Editor-in-Chief, CTSNet</td>
<td>since 2010</td>
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How to acquire the skills essential for a successful leadership?

• First, a future surgical leader must acquire **superb surgical skills** – otherwise his authority remains hollow.

• Beware: Study of medicine and even postgraduate education **do not prepare** for leadership tasks (“you will be **promoted to the position of your own incompetence** … ”).

• Theoretically, best preparation is a study of **business administration** (e.g. obligatory in Swiss pharmaceutical industry); but which surgical fellow has time and money for MBA course at Harvard?

• **Learning by doing**, presently widely practiced (“**see one, do one, teach one**”); remains definitely the worst solution.

• At young age (and even later), observe great personalities, attend meetings and courses, read voraciously, collect information everywhere (web, media, books, journals) – this speaker’s method.
Universally applicable recipe for leadership in surgery does not exist. It must be tailored to national and local surroundings, to requirements of the department, and to person’s character. Nevertheless, I submit that leadership by example remains the foundation of a successful surgical institution.