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Leadership and Faculty Development

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I am sharing with you my perspectives as the Chair of Surgery at the University of Massachusetts Medical School, a position that I have held since 2004. At no time since then have the challenges to leadership and faculty development at a major academic medical center in the United States been more pronounced than they are today.

Many books on leadership have been written, and leadership training is a formal part of the curriculum of all Masters of Business Administration (MBA) programs, but what I will share here are the lessons that I have personally learned and I will refer to some of the ideas that have guided me over the years.

Leadership Attitudes and Characteristics

The most successful leaders will be guided by attitudes and characteristics that will set them up for success. Without these attitudes and characteristics, it will be difficult for people to embrace a leader's vision or goals, and as a result they will often complain about his or her leadership. This is particularly true of surgeons who generally chose to become surgeons because their profession gave them a great deal of autonomy and control. Surgeons are used to making surgical decisions on their own, and it is rare for their surgical decision making to be questioned. Furthermore, in the operating room, they exert considerable control over their environment. Additionally, they have traditionally tended to function autonomously in terms of how they manage their work schedule, although the advent of the electronic medical record has forced a significant degree of imposition on the workflow of surgeons, which has caused a great deal of stress and dissatisfaction, and has become a leading cause of burnout.

I think the most important leadership attitudes and characteristics are the following:

1. ***Caring for your constituency***
2. ***Respect for the entities you deal with***
3. ***Integrity and honesty***
4. ***Authenticity***

1. Caring for your constituency

The leader of a department of surgery cannot be truly successful if he or she does not genuinely care for the well-being of the people in his or her department. You may be able to get by, but it will be very difficult to have a truly engaged and committed faculty who will go the extra mile on your behalf, and it is likely that your faculty or staff will regard their job as a waystation until something better comes

along.

It is difficult to create an environment where it is perceived that the leader cares. However, a good place to start is wonderfully outlined in this excerpt from an article in JAMA Surgery entitled "Dissecting the Important Difference Between Good Surgeons and Good Leaders" by Michael Tarnoff MD, Chair of Surgery at Tufts Medical Center in Boston, MA.[1] He writes "I ask everyone on my team every time I meet with them. First, 'How are you doing?' Second, 'Are you on a path to achieve our team goals this year and your career goals beyond that?' Third, 'Is there anything more I can be doing to help you?' The job of a leader, beyond a core team, is to find the holes, fill the gaps, and be transparent about what one can deliver and when and what one cannot deliver and why. By asking these three questions the effective leader communicates that he or she really cares for his or her people, but the question must come from a place that is authentic, and the effective leader must listen to the response, and act when necessary."

2. Respect for the entities you deal with

We all must deal with people that we report to, people who report to us, or people who are our direct peers. In addition, there are many people with whom we interface on a regular basis, and who we count on for support or services. They all deserve our respect! I have heard surgeons express the notion that they were consistently at the top of their class, and now their lives are being inordinately influenced by others, especially hospital administrators, who they believe finished far behind them academically. First, that might not be true. Second, there are many capabilities and talents that make up an individual and that contribute to success. Finally, everyone, regardless of the societal definition of "success," deserves respect. If people feel respected by you, they will likely work with you to achieve your goals. Conversely, disdain for them can be a difficult emotion to conceal, and is not a harbinger of cooperation or success.

"Outward mindset" as a tool for collaborative interaction

At UMass we have adopted an approach to self-awareness that has been popularized by the Arbinger Institute known as the "outward mindset."[2,3,4] I have found the principles articulated in the courses and books of the Arbinger Institute to be extremely useful for everyone in an organization. Upon a first read, the concepts might be considered overly simplistic or trite, but instead, I believe the core concepts are important attitudes that will enhance cooperation and high performance. The "outward mindset" approach explains the way in which an individual's "mindset" can positively influence one's interactions with others, and therefore, enhance the success of an organization.

For the purpose of this article, I will summarize the Arbinger concepts that I have found useful. They first describe "self-deception" or "in the box" thinking as an individual mindset that is at the core of organizational failure by undermining cooperation and thereby limiting success. In essence, the Arbinger theory asserts that we often engage in behaviors that are focused on our own needs, and as a result we treat people as "objects" that are merely tools or instruments for our success. They explain that although we often recognize that we are not particularly helpful to others and that we are acting solely in our own self -interest, an act that they call "self-betrayal," they point out that we then begin to see the world in a way that justifies that self-betrayal (e.g. they've never helped me out, so I'm justified in not helping them; no one ever helped me, so why should I help anyone; let them figure it out on their own!). Typically, two protagonists whose thinking is "in the box" with one another will engage in well-choreographed interactions with each another that follow a similar pattern every time and lead to negative interactions, frustration, and blame. These protagonists engage in what Arbinger terms "collusion," and their historic negative interactions color their future approach and interactions with one another, thus the cycle continues perpetually. How does one escape from these circular and negative interactions? According to the Arbinger teachings, it is by adopting an "outside of the box" mindset. Arbinger takes the approach that instead of focusing "on what others are doing wrong……focus on what you can do right to help" instead of worrying "whether others are helping you…..worry whether you are helping others." To be clear, "outside of the box" thinking does not represent "trying to change others" or doing your best to "cope with others". Rather, Arbinger takes the approach that you need to work on your own mindset and behaviors, and by doing so, you will influence the mindset of others! Basically: you can't control others, but you can control yourself.

3. Integrity

For me, the word integrity encompasses the qualities of being honest and straightforward, of having strong principles that govern one's behavior, and of being steadfast in the adherence to one's commitments. In order to gauge this properly, one must be honest with oneself and feedback is extremely important.

In their book, "The Truth About Leadership", best-selling authors on leadership James Kouzes and Barry Posner assert that "credibility is the foundation of leadership."[5] They go on to say that "believability of the leader determines whether people will willingly give more of their time, talent, energy, experience, intelligence, creativity, and support. Only credible leaders earn commitment, and only commitment builds and regenerates great organizations and communities."

Their research has consistently shown that honesty is the most important characteristic of an admired leader (85%), and their first two laws of leadership are the following:

1. "If you don't believe the messenger, you won't believe the message."
2. "Do what you say you will do."

In my opinion, surgeons are among the most dedicated and principled people I have met. Surgeons are typically opinionated and strong willed. In order to lead a Department of Surgery, credibility is essential, and in order to be credible, one must be perceived as having integrity.

4. Authenticity

When one becomes a leader there is a potential pitfall. One may go through the motions of leadership, read books, read articles like this one, ask the right questions like the ones Michael Tarnoff suggested earlier in this article, but yet, because one is only "going through the motions" that person will be perceived as lacking authenticity. The charade may work for a while, but they will eventually be found out!

This concept is described in "The Outward Mindset" by the Arbinger Institute in the following excerpt."The idea that behaviors drive results seems almost self-evident. But how many of us have tried to replicate a behavioral formula - adopting the same leadership practices or mimicking the same interpersonal approaches of those who have achieved enviable results – only to throw up our hands in frustration? 'Well, that didn't work!'"[2]

Clearly the behaviors of the leader described above were inauthentic! As a result, there was a lack of credibility and a lack of trust!

Leadership Skills:

1. Listening

I believe the most important skill a leader should nurture is the capacity to listen – truly listen. Try not to interrupt! I must admit this is my own greatest weakness in part because of my own enthusiasm to participate in the dialogue and make my own views known, but I need to continually work on restraining myself, to allow for others to make their views known. By listening, you draw people in because you are giving them the chance to be heard (you show them respect), and you may learn a great deal, sometimes from the most unanticipated source.

2. Compromise

As a Department Chair, one must deal with a large number of people and many different situations. While you may believe there is a "perfect" solution, in fact, most good solutions actually represent a compromise, it must be a reasonable compromise for both parties. One can only get there if one carefully "listens", and if one believes both parties should gain something from the negotiation. Remember, both parties in a negotiation come to the table with a WIFM (What's in it for me?) attitude and therefore careful listening is essential to learn about the critical needs of the other party.

3. Patience

I have found that reacting in the "spur of the moment" is a poor strategy. One must have the patience to get the facts and hear all sides before deliberation and decision making occurs. There are always "two sides to every story," and even though it takes time, one must take the time. Furthermore, I find sometimes good people just need to "vent" and one must have the patience to allow that to take place.

4. Goal Setting

It is important for a leader to have goals, and I have found it useful to establish a framework within which to consider all goals. Otherwise, goals can be lofty, but impractical and unachievable. I have found the SMART acronym a useful framework within which to consider goals.

S – Specific – as clear as possible

M – Measurable – specific measures which indicate progress

A - Achievable – must be reasonably accomplishable

R – Relevant – must align with vision, values

T – Time based – setting a reasonable time frame motivates and prioritizes

5. Accountability

This is the hardest part of leadership for me. It is a word that is commonly used, but rarely applied, and as a result many good plans wither away because everyone becomes distracted by either the "crisis of the day," or the routine work of the job. This is particularly true for a surgery department, where the burden of the everyday work (seeing patients and going to the operating room) squeezes out time for any other activities.

A useful way of thinking about accountability has been outlined in the book "Measure What Matters" by John Doerr.[6] In the book he introduces an approach to operational excellence that has been adopted by major companies such as Google and Intel. On the one hand, he describes a collaborative goal setting exercise for teams and individuals, entitled **OKR**s (**O**bjectives and **K**ey **R**esults), and on the other hand he articulates a continuous performance management instrument called **CFR**s (**C**onversations, **F**eedback, **R**ecognition). Of note, as I described under goal setting, the **OKR**s are specific, measurable, realistic, and time-bound (SMART). **CFR**s are defined by John Doerr in "Measure What Matters" as follows:

Conversations: an authentic, richly textured exchange between manager and contributor, aimed at driving performance.

Feedback: bidirectional or networked communication among peers to evaluate progress and guide future development.

Recognition: expressions of appreciation to deserving individuals for contributions of all sizes.

This CFR approach is a particularly important template to utilize in managing faculty because it is a simple way of approaching all goals and establishing accountability for everyone. The elements of achieving accountability include conversations to address expectations, ongoing communication to identify progress and barriers, and finally appreciation and recognition for the contributions people have made to the effort.

I must admit that closing the loop by recognizing the people that I have held accountable and congratulating them on their efforts is a skill that I need to work on. In fact, it is my impression that it is contrary to the culture of surgery where the best is expected, and anything less is substandard and merits criticism.

Engagement

"Engagement is the emotional commitment….to the organization and its goals"[7] (Kruse, Forbes, 2012).[7]

Currently a major crisis in Academic Medical Centers in the United States is the disengagement of physicians, nurses and staff; a major manifestation of this phenomenon is "burnout." This lack of engagement often thwarts the ability to move a department forward. The reasons for this state of affairs are multifactorial, and some of the reasons are completely outside of our control (e.g. the electronic medical record), but their impact can often be mitigated. Other reasons, such as lack of autonomy, lack of input in decision making, poor communication, and "hassle factors," can be significantly modified by effective leadership.

We struggle with many of these issues. In an effort to enhance physician engagement, we have worked closely with Mo Kasti, founder of the Physician Leadership Institute. In an effort to enhance physician involvement in institutional processes and decision making, we have embraced the concepts he puts forward of first identifying the problems we need to solve and then finding the people we need in order to solve them ("situate"), then establishing a connection to the personal values of those individuals that need to be involved ("humanize"). Finally, we find solutions by establishing a partnership with everyone involved through a process of "co-creation". This process creates trust, commitment, and engagement.[8,9]

Leadership Pitfalls:

1) – Impatience

One cannot be an effective listener without patience. I have certainly suffered from the inclination to interrupt, but it undermines the ability to get all viewpoints on the table, and it undermines buy-in. Furthermore, extra effort should be made to solicit the opinions of those who do not usually speak up.

2) – Rigidity

I have found that there are usually a number of goals or outcomes that are acceptable. There are few "hills to die on" and usually a compromise can be reached that is acceptable to all parties. While there may be some principles that can never be compromised, if one is too rigid in all matters, others will simply try to work around you because you are too difficult to work with.

3) – Narcissism (or focus on self)

When one becomes a leader, the focus of the leader must be on the success of the leader's followers and to the greater entity within which the leader functions. For example, as the Chair of Surgery, my focus must be on the success of my faculty, residents, and staff (my constituents) on the one hand, and on the success of the medical school and the hospital entity on the other. My own success is only measured to the extent that I advance the success of the entities that I serve. I do not believe the spotlight should be on the leader.

4) – Disrespect

The sine qua non of having a fruitful discussion or negotiation is respect. A disrespectful attitude on the other hand will undermine any efforts at establishing a working relationship with anyone. A subtle form of disrespect is arrogance, often related to a belief that one's educational level, organizational rank, work effort, and/or revenue generation confer a higher status. Nonetheless, arrogance tends to diminish others, and as a result, the "others" will not be willing participants in helping you attain your goals.

Faculty development

Many of the leadership strategies I have outlined are essential for faculty development. It is important to be in tune with their needs. You need to carefully listen to your faculty, you need to be flexible since their goals and aspirations may change over time, and you need to be interested in their well-being.

Strategies:

1. Know your faculty.

It is imperative to understand the goals and aspirations of your faculty and the challenges they face, both personally and professionally. In a large department of surgery, that role is often assigned to a division chief or other mentor, but there must be a connection to leadership, and an understanding that the whole individual is important.

2. Goal-setting and periodic review.

It is imperative for leaders to set goals and create a process for periodic review. Utilizing a collaborative goal

setting exercise as outlined by John Doerr in "Measure What Matters" (OKRs), and using CFRs as a template for continuous performance management is a reasonable methodology to manage faculty.[6]

In the book "Faculty Success Through Mentoring,"[10] the authors outline the six areas that most contribute to work stress and career dissatisfaction among new faculty. They include:

1) Time constraints in work and teaching
2) Lack of collegial relations
3) Inadequate feedback, recognition and rewards
4) Unrealistic expectations
5) Insufficient resources
6) Lack of balance between work and personal life

It is the leader's job to understand these pressure points, and it is his or her responsibility to help design mitigation strategies. Unfortunately, some of these pressure points are difficult to affect, in part because of the intense requirement to increase volume and enhance revenue. It is unlikely that there will be any respite from these pressures in the next few years, but excessive workloads with little time for other activities is the dominant source of stress for faculty.

3. Find a path.

I have found that the goals and personal circumstances of faculty change significantly over time, so one must work closely with a faculty member to find a successful path forward. I have also realized is important to be flexible.

4. Be prepared for continuous change.

No situation is static. Circumstances change all the time. The most challenging but also the most satisfying aspect of leadership is continuously adapting to change.

The job of Chair has been one of continuous learning and adaptation. It has been both a maturing and humbling experience. The single biggest factor that undermines success is focusing on your own self-interest. The inward mindset is incompatible with success. The challenges of leadership require continuous self-reflection and a willingness to grow.

REFERENCES:

1. Tarnoff M. "Dissecting the Important Difference Between Good Surgeons and Good Leaders." *JAMA Surgery*. 2020;155(9).

2. The Arbinger Institute. *The Outward Mindset, seeing beyond ourselves*. Oakland, CA: Berrett-Koehler Publishers Inc; 2016.

3.The Arbinger Institute. *Leadership and Self-Deception, getting out of the box*. Oakland, CA: Berrett-Koehler Publishers, Inc; 2010.

4. The Arbinger Institute. *The Anatomy of Peace, resolving the heart of conflict*. Oakland, CA: Berrett-Koehler Publishers Inc; 2006, 2008, 2015.

5. Kouzes JM, Posner BZ. *The Truth about Leadership*. San Francisco, CA: Jossey-Bass; 2010.

6. Doerr J. *Measure What Matters*. New York: Bennett Group LLC; 2018.

7. Kruse K. *What is Employee Engagement?* Forbes; June 22, 2012.

8. Kasti M, The Physician Leadership Institute. *Beyond Physician Engagement: A Roadmap to Partner With Physicians to Be All In*. San Antonio, Texas: Halo Publishing International; 2018.

9. Kasti M, The Physician Leadership Institute. *Physician Leadership: The Rx for Healthcare Transformation*. San Antonio, Texas: Halo Publishing International; 2015.

10. Bland CJ, Taylor AL, Shollen SL, et al. *Faculty Success Through Mentoring*. Lanham, Maryland: Rowman & Littlefield Education; 2009.International Collaboration as The Key to Surgical Leadership and Education