

# Becoming a Leader During Training and Beyond

Dimingo Gomez, Richard Davis, Holly P. Jones

## Introduction:

There is no such thing as a great surgeon, or even a good surgeon, who is devoid of leadership skills. Nevertheless, most surgical training programs do not overtly supply “leadership training.” For example, the first chapter of Schwartz’s Principles of Surgery is “Fundamental Principles of Leadership Training in Surgery.” During our residency’s two-year cycle through the textbook, this chapter was never scheduled for study, even though almost every other topic in the book (“Wound Healing,” “Pancreas,” “Trauma,” etc.) was discussed several times.

At the end of a surgeon’s training, the surgeon is automatically placed in the role of a leader, whether or not they have acquired any leadership skills along the way. The surgeon’s success, and the fate of their patients, will depend on their ability to lead others. Surgical practice can not be separated from leadership.

There are many different definitions of leadership. All of the following are appropriate:

- The capability, natural or acquired, to guide, or influence a group towards the realization of a goal
- The ability to persuade and help others develop future visions and to motivate subordinates to desire to achieve visions.
- The possession of the human factor that binds a group together and motivates it towards achieving goals

Being placed in a position of leadership does not imply that you are a “leader.” Being a leader should be more than the desire to be seen “above” others. Rather, leadership is an obligation or a challenge one feels to fulfill the related desires of the people in one’s circle of associates and beyond. It follows from this observation that the best leaders are often not those who first seek out the role. Often leaders with the greatest influence take up the mantle of leadership not out of personal ambition, but because they believe in the values of the organization and want to see them carried on.

Surgery as a field requires more than just one surgeon’s skills: the clinic, the ward, and the

operating room itself all have complex team dynamics at play. A surgeon contracts with the patient to successfully shepherd (lead) them through the process of surgical care safely: This contract can be made in seconds in the Casualty Department, or over painstaking months of clinic visits. But once this contract is made, the surgeon is placed in a position of leadership.

The surgeon leader’s position can be an awkward one: the patient’s care will depend on the actions of myriad scrub techs, anesthesiologists, nurses, physiotherapists, and other professionals including other physicians. The surgeon is not the “boss” of any of these people; there is no military-like “command structure” that allows the surgeon to give orders and expect them to be obeyed. The leadership skills that are called for here are more subtle, and more difficult to master.

Commonly cited fundamentals of good leadership include the following:

- Self-awareness
- Self-control
- Understanding others
- Managing others

Aspiring leaders would be wise to cultivate these qualities in the order they are presented above; there is no self control without self awareness, and there is no real understanding of others without understanding and mastering yourself. Finally, managing others can only be done well when the other three qualities are achieved.

## Self-Awareness

The ability to know and monitor your own emotions and reactions is a fundamental skill of leadership. It means you know your values, your personality, your habits, and how they all affect you. Cultivate the ability to look deep into yourself, to understand your strengths, your weaknesses, your triggers and motivators, as well as how all these affect or dictate your actions and reactions to others around you.

Self-awareness is a character trait that has the power to influence the outcome. It makes you a better decision maker, and therefore boosts your



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confidence as a leader. A self-aware leader carries particular characteristics: empathy, confidence, humanity, and adaptability. People who cultivate these abilities are usually able to communicate effectively, a trait we will explore more below.

With self-awareness comes humility. Being self-aware, especially about your strengths and shortcomings, gives the ability to remain humble and willing to learn. Admitting when you are mistaken and showing genuine desire to learn is an act of great courage and humility, and thus defines a great leader.

Humility may at first seem similar to timidity. But more correctly, humility is the exact opposite of timidity. As a general rule, every team member wants a confident leader, but almost everyone also appreciates a humble one. It has been said that humility is a virtue, but timidity is a disease. Anyone who has to work with you, as subordinate or superior, will be disappointed if they see the lack of courage and confidence from you as a leader. Thus, timidity will defeat your attempts at leadership. On the other hand, if you are humble enough to interact and listen, if you are humble enough to admit when corrected even by your “subordinates,” you are more likely to be supported and your wishes heeded.

This principle is most evident in those situations, described above, where you must lead people who are not your direct subordinates. The best example is your relationship with the anesthesia staff. If you are timid, you will be pushed around. If you are overbearing, you will be ignored and resisted, either actively or passively. Neither situation is best for the patient, or for your own job satisfaction. But if you can be simultaneously humble and sure of yourself, you will be most likely to have a collegial and supportive relationship, to your own benefit and the patient’s.

There are various ways to improve your self-awareness – be open-minded, think through your actions of the day, write down your desired plan and track your progress, have a circle of trusted friends and give them the independence to criticize you.

Adaptability is the bridge between self-awareness and self-control. You must be able to change your behavior as the situation changes. The expectations on surgeons and surgical trainees is

enormous, and the outcome of a leader’s plans are not always as desired. What makes a surgical leader stand out is the ability to see every opportunity as one to learn from.

## Self-Control

This is the ability to resist impulses, maintain focus, and strive to see projects to completion. The willpower to persistently dedicate your attention to a task or project to a satisfactory end is self discipline. This important trait has several facets:

### Reliability

Doing what you say you will, being dependable, is key to high performance leadership. As a leader it’s upon you to set a positive tone for desirable and acceptable behaviors- your example, positive or negative, will set the tone for everyone else. You owe it to yourself and the team to be trustworthy and reliable. Your co-workers or people you lead should be able to count on you to take initiative, meet deadlines, handle important details, and follow through with decisions you led in making, to communicate and to work well with them.

It is also worth mentioning, at this point, that if you are reliable and those around you are not, they may be following someone else’s leadership in this area. This is part of the culture of a workplace, a subject we explore in the chapter Culture Change. It is enough to mention here that changing a culture is one of the supreme tests of a leader.

### Control of Emotions

Leaders and non-leaders both have emotions. As humans we should all strive to be in control of our emotions. Unfortunately, for leaders, that responsibility is even greater than for other people. A truly great leader can certainly acknowledge that the situation is desperate, and recognize that members of the team feel this desperation. But you must do your best to not give into desperation yourself, at least not out loud. It is certainly OK to acknowledge some difficulty in choosing the right path. You may even publicly acknowledge mistakes in the past, at the right time. But when a decision must be made, make sure you are in firm control of



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your emotions. Seek input and advice if you can, then make the decision boldly and firmly. A positive attitude in a leader encourages a positive attitude in everyone else.

## Disciplined Experience

This trait is one that you can't "fake" when you need it. Like an athlete, your performance at any moment will depend on your previous experience and training. Quite simply, a good leader understands the domain they are leading others in, because they have done the work and have the experience. What this means, of course, is that a surgeon becomes a better leader as they accumulate more experience. So make the most of the experience you have: prepare for it, learn from it, and reflect on it afterwards. The relevant saying here (attributed to various authors) is "Good judgment comes from experience. Experience comes from bad judgment." An experienced surgeon has the judgment to lead others into territory where they themselves have been in before.

## Understanding Others

This trait is a product and a natural result of understanding yourself. There is no leader with the good fortune of leading only people with the same characteristics and behaviors. Thus it is important for the leader to try to understand all of the team, their strengths and weaknesses, and especially the ways in which these strengths and weaknesses are different from the leader's own strengths and weaknesses.

## Paying Attention

In order to understand others, you must first believe that it is necessary to do so. Please let us remind you that it is. You will not be an effective leader if you do not make the time and the effort to understand the motivations, hopes, fears, and even the little "quirks" that make up the people you lead. Yes, you must know whether someone is trustworthy, or whether they have the skills they claim that they do. But even more, when you understand someone's strengths, you can use these strengths to the advantage of the team and your mission. A team member whose strengths are known,

valued, and used will enjoy being part of the team, and the whole team will be better because of it.

## Empathy

In psychology, empathy is defined as "understanding another person's experience by imaging oneself in that other person's situation." Emotional intelligence is a strong foundation for this characteristic, and when a leader has it, they build stronger relationships with the team. Surgical leadership, especially when leading trainees from different backgrounds, requires identifying with them and their points of view. Be very slow to judge them or their ideas, but recognize their emotions.

## Kindness

Many leaders would advise keeping some "distance" between yourself and those you lead. Others think this is nonsense. But however you feel about this advice, remember to be kind to those you are leading. Consider the following story from a young surgeon:

*"I went to the Operating Theater around 4AM one morning to sort out an urgent case. There, I met the single scrub team just finishing a case, about to take their first break all night. I told them about the patient. but also told them that given the circumstances, we would do this operation first on the morning list rather than immediately. They saw that as an act of kindness and never forgot it. Even others who only heard about it were thankful, and have offered their services anytime I enter the operating theater, even if not for a case."*

This surgeon brought together several of the traits we have discussed so far. He had control of his emotions- although he was concerned for his patient, he did not let this feeling overwhelm him at the expense of other considerations. He had the disciplined experience to know that the patient could safely be managed with a 3-4 hour delay. He was paying attention to the state of the Operating Theater staff. This allowed him to act with empathy and kindness, safely managing all of the resources under his care and making some valuable allies along the way.



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As surgeons, and surgical residents, we spend more time in the operating room than we do anywhere else in the hospital. There, we are leaders of the team we work with. Nevertheless, we must remember that we do not “own” these people. They do not directly report to us. The way we handle the operating theater team of anesthesiologists (predominantly nurse anesthesiologists in our settings) and scrub technicians will affect their response to our needs thereafter. Be kind to them, but not weak. Kindness, when appropriately applied by a leader, is a strength rather than a weakness.

## Communication

Communicating well with others is a function of understanding them. All great leaders have excellent communication skills, because of two factors: they understand themselves, and they understand how people around them express their views. These two factors are the key to communication: understanding yourself and understanding others.

Your ability as a leader to get people to work together and to support your game plan depends on how much and how well you communicate. Intelligent communication is a gateway to influencing others, through your words and backed by your actions and emotional intelligence. The magnitude of information you share with your team should be shared with everyone. Do not assume that some members of the team are not important enough to get certain information.

## Boldness/Confidence

As a surgical leader, you owe it to yourself and the team to be bold, without being a bully. Confidence is the art of recognizing and accepting your strengths as well as your shortcomings. Your subordinates look up to you when the first “arrow” is shot. This may vary depending on what group of surgeons you are leading. When I was handing over the chief resident role to the successive chiefs, I said to them, “you should be willing to accept blame to protect the others, even if what happened was not your fault.” The act of taking the first “arrow” for someone lightens the grief of the evaluator. You may

then turn to the junior or same level colleague and remind them that they will not get the same luck next time. As a leader, you earn the respect of that colleague. The consultant surgeon, who may even be aware that it was not at all your fault, will know that you are on top of the situation and you will make sure it happens no more.

## Managing Others

This may be the final “level” of leadership we have been building up to, but as you can see we’ve already been leading others with the previous three levels. Now we bring together all of the skills into one potent package. We use emotional intelligence, which is really the combined skills of knowing and understanding yourself, and knowing others. We use patience, both with ourselves and with others. We give heed to the different personalities of the people under our leadership. We develop the ability to adapt our leadership style to these differences in personalities amongst the group. This capability is the highest level of leadership: using our understanding of ourselves and of others, to change our behavior (self-control,) in ways best suited to this particular group of individuals, in order to lead them effectively.

## Valuing Everyone

Share responsibilities! As a surgeon or a surgeon in training, you are encouraging others to follow in your footsteps. Getting everyone involved gives everyone a sense of ownership and feeling of responsibility towards achieving the common goal. People also generally support their leaders better when they feel valued and important. Thus, instead of continually telling them what to do, allow them to suggest to you what to do sometimes. As we said above, a team member who is allowed to work within their strengths will feel valued. A team member who is “stretched” just a little beyond their strengths will gain new strengths and become more valuable.

The issue of sharing responsibilities raises the issue of micro- vs. macro-managing. There is a balance to be found here, between not giving a subordinate enough responsibility, and giving them too much. We discuss this issue more below.





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## Influence, Coaching and Motivating Others

As a leader, strive to be influential in the lives of your colleagues. Your highest achievements should include helping others achieve their goals. This act will come naturally during residency training, where there is an established “ladder” that everyone ascends. Senior residents are expected to teach and mentor junior residents. But this expectation should not end when training is over. Set positive examples, play the role of a “big brother” or “big sister” and help others achieve their goals. Leave a legacy which they will use to grow the program, and they will remember you. In your leadership role, create leaders.

The unfortunate alternative, seen too often, is “Founder’s Syndrome,” where a leader makes themselves indispensable. Without realizing it, this leader structures the organization so that it cannot exist without him. Other young leaders, seeing no room to grow, realize they must go elsewhere. In fact, the greater the potential a young leader has, the more likely they will go elsewhere. And so the organization persists, made up of ambition-less underlings, until it collapses when the Founder finally retires (or dies.)

## Have Vision and Create New Standards

There is always something that needs to be changed or improved. Regardless of how well organized a team or program is when you take over, the wisdom is in “what” needs to be changed and, perhaps more importantly, “when” the change should be made.

In my first few years as resident trainee, the attitude of residents was the same, we always thought the consultants needed to change: they needed to be more friendly, they needed to trust us more with operative cases, they needed to allow us to make more decisions. By the time I was a senior resident, it became clear to me that it was on us to prove we were ready. We needed to earn the trust of the trainers, show more responsibility, and to prove that we could run the academic and operative side of the training program. In our eagerness to be given autonomy, we had greatly overestimated our own skills.

It is common advice to young physicians that they should not seek positions of leadership in their organization (Chief of Surgery, Program Director) until they have been in independent practice for at least five years. Many organizations have formal rules stating the same. As we said above, the best leaders are not motivated by a desire for power, but by a belief in the values of the organization and a desire to see them carried on.

## **Some Other Points**

The special situations described below can be thought of as exercises in one or more of the four domains listed above. As you consider these “Managing Others” scenarios, and as you consider scenarios of your own, consider whether they fall under “Self-Knowledge,” “Self-Control,” “Understanding Others,” or some combination.

## Micromanaging vs. Over-Delegating

There is a delicate balance to be found here: as a leader you ultimately have responsibility for every decision made by those you supervise. But you cannot possibly be involved in every one of those decisions. If you try, you create an environment where no one dares to do anything without your approval, a form of “Founder’s Syndrome.”

The key here is to have trusted “lieutenants” under you... and to really trust them. Recognize that they are experts of their areas. Tell them clearly what you expect from them. Give them the tools they need to deliver these things. Then, leave them to do their jobs. You should aim for an environment where the following phrase is not heard very often: “I don’t know, I have to ask Dr. \_\_\_ (you).”

The converse of this rule is, a leader must recognize which decisions are hers alone. Don’t get so addicted to delegating that you fail to recognize where your input is the only appropriate one. For example, a surgical Department Head may allow the Division Chiefs under her command to decide which surgeons to hire. But in order for this arrangement to go well, the Department Head must be able to trust them implicitly. Only with trust then she can leave them to make decisions, even consequential ones, without the need to “micromanage.”



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Striking this balance takes wisdom and experience. In other words, if you consciously try to find this balance, you will get better at it over time. In general, it can be summarized as in the Table below, which continues the example of a Surgical Department Head:

Type of Decision	Examples
<b>Delegatable</b>	Which operation to perform When to order new supplies Which days to have clinic Hiring of individual physicians Disciplining of individual physicians
<b>Not Delegatable</b>	Whether to expand (physical plant, adding a division or clinical service) Hiring of Division Chiefs Firing of any physician*

\*This is a serious enough matter that the Department Head should be involved, even as the matter is led by the Division Chief.

## Advice from Others

A common misperception of leaders is that they are bold and decisive. They cannot “show weakness.” In this way of thinking, failure to immediately know what to do- in every possible situation- is a form of weakness.

Clearly, this wrong approach puts appearance over function. Such a leader is more concerned with “looking” like a leader than with making the right decision. This is a failure of self-control. There are two key attitudes to take to avoid this trap:

First of all, learn to recognize which decisions must be made urgently and which can wait. A good leader appreciates having time to find the solution to a complex problem and does not let the “felt urgency” of others push him to act rashly. One good mental exercise is to ask yourself two

questions, and then decide which would lead to a worse outcome:

1. What would happen if I took one week (or other timeframe) to make this decision?
2. What would happen if I made the wrong decision?

Most of the time, the situation is not as urgent as others might make it seem: you have time to make the right decision.

The other way to avoid the “trap” of needing to appear decisive is to publicly and humbly accept the advice of others. If you believe that this behavior is a sign of weakness, consider the number of successful leaders who were known to have an “inner circle” of advisors. This is a very common practice. At first it may set you apart, especially in a culture that expects leaders to work alone. But in the end, it will be your success that sets you apart- individuals fail, teams succeed, especially when important decisions need to be made. Be the leader of that team, but do have a team.

## Romantic Relationships with Subordinates

We could summarize this section with one word: “Don’t!”

As a leader, you have a responsibility to act morally and responsibly, to create a safe environment for those under your care. It may feel good to find yourself in a position where people are listening to your every word, asking for your opinion, and seeking your help. Don’t confuse this with romantic feelings. This is just what a power dynamic looks like. You, as a leader, are the one with power in this relationship. It is up to you to shut any feelings down.

This situation applies even if there are any actual romantic feelings in one of your subordinates, that go beyond respect and admiration for an accomplished leader. Realize that most of the time, this is not the case; you are simply misreading the situation. That attractive younger person who seems to admire you personally, and seems to have romantic feelings for you, likely does not. Again, it is your job to make sure the relationship goes no farther than a professional one.



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If you do not avoid romantic relationships with subordinates, or if you even appear to be interested in such relationships, subordinates will quickly realize that this is the case. The inevitable result is a toxic environment. No one knows whether the leader approves of their ideas, attitude, or performance, or whether you are merely trying to “groom” them for a relationship. No one knows whether someone was promoted because of their merits and hard work, or for “other” reasons. The expectation of fairness, equity and trust goes out the window.

People under your leadership will have to think about every interaction with you. Will that promotion, or that work trip, really be good for their career? Or are you just trying to get them alone?

Others see this morally and ethically wrong behavior in someone they respect and trust. The consequences of behaving this way literally spread across the whole department and even the whole hospital.

## **Conclusion**

We describe here one technique to become a better leader, following the progression described above. Know yourself, achieve self-control, and understand others. Mastery of these elements, and the lessons and skills thus acquired, is the key to managing others effectively.

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May 2023

