

# Leadership of a Department of Surgery

## Sharmila Dissanaiké

### Introduction:

Being a Department Chair is one of the most fulfilling, and also one of the most challenging jobs in healthcare. The responsibilities of a Chair will vary significantly between countries and institutions. There will be variance between academic and private practice even within the same country or institution. In some centers, the job will focus exclusively on managing other surgeons, advocating for their needs, and academic productivity. In others, financial stewardship and management of operative services will be a priority. Quality assurance, and maintaining high standards of patient care and professionalism, is a component in almost all cases. Education, training the next generation of surgeons and physicians, is a key component in academic departments.

This chapter provides a very brief overview of the different aspects of the mission a leader of a department should expect to handle. For much more useful, in-depth information, the reader is referred to the recently published *Surgical Chairs Playbook*, produced by the Society of Surgical Chairs and the American College of Surgeons. Additional resources can be found in the bibliography.

### Education

Times have changed since the old era of “see one, do one, teach one.” Modern trainees are required to absorb a volume of new information that is increasing at an exponential rate, while developing operative skills in open, laparoscopic, robotic, and endoscopic surgery – a huge task, especially in a limited time frame. In addition, high level communication skills and professionalism are expected of the modern surgeon, and these must also be deliberately inculcated. Therefore, training surgeons is very much an intentional, carefully structured and monitored process requiring frequent assessments. A modern surgical education is a far cry from the traditional apprenticeship model that was the mainstay of surgical training for much of the history of our profession.

Building a strong educational program is crucial to attracting “the best and the brightest” physicians to train as surgeons. In formal accredited programs, a Program Director is usually appointed to

oversee this aspect of the mission. While some Chairs choose to take on this role themselves, it can be a gargantuan task, especially with regulatory requirements for frequent updates to paperwork, leading to significant administrative burden. Therefore, it is best delegated to another individual with an interest and talent for educating surgeons in cognitive, technical, and professional skills.

### Finances:

The mission of a surgery department should be patient care, education, and research, rather than generating profit for its own sake. Based on the healthcare payment structure of the country and institution, surgical departments may either be a cost-center or a profit-center. While the overall financial background against which we practice is not under the control of any Chair, it is important to understand and manage finances adequately in order to maximize revenue, and minimize cost, so as to serve as a responsible steward of the Department’s resources. It is not usually necessary to obtain formal qualifications such as a Master’s in Business Administration (MBA) in order to perform this task. However, a basic understanding of the principles of accrual accounting, balanced or zero-based budgeting, understanding profit and loss spreadsheets and balance sheets, will be immensely helpful. Understanding the fundamental principles of managing a business will serve the Chair well. Assistance from a financial professional in calculating costs of new programs, such as how to include appropriate fringe benefits, taxes etc., and identifying hidden overhead costs both fixed and variable, will be an advantage in proposing new services and negotiating to recruit additional surgeons to grow the Department.

### Quality Assurance

Maintaining quality standards is essential for the integrity of the Department. As technology becomes ever more complex, ensuring surgeons are appropriately trained and credentialed for the procedures they perform, and ensuring there is a formal, structured process to incorporate new ideas and technology within the Department, is crucial.



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Ensuring compliance with standards of infection control, and adoption of systematic protocols for pre- and post-operative care, are also core requirements of a Surgery Chair. One of the often less popular tasks for a Chair is introducing evidence-based protocols. Asking surgeons to adopt these uniform new standards, rather than continue to do things “the way I have always done them” can be challenging. While nobody is advocating for cookbook medicine, there are many instances where systematic protocolization helps ensure high quality care, while reducing opportunity for error. The pre-operative time-out, and use of checklists, are well-known examples that are now routine practice in many centers, after fairly strong initial backlash when they were first introduced.

Developing a robust performance improvement/quality assurance program will be an essential component for any Department leader. Integrating different divisions and specialties to ensure adequate input from non-core surgeons so as to ensure unbiased perspective often needs to be orchestrated. Discussions around quality improvement, along with the infrastructure to monitor and track rates of common problems such as surgical infections, wound complications, bleeding etc., are some of the basic building blocks of performance improvement. It is strongly recommended that the Chair undertake a course or two in performance improvement to learn the basic language and ethos of this important specialty, that is usually not covered in traditional surgical training.

## Patient Care and Satisfaction

Surgery, along with the rest of medicine, has a long history of a somewhat paternalistic attitude to patient care and satisfaction. Being a highly technical specialty, there is an even greater tendency to assume that the rationale for our recommendations would be too complex for a layperson to understand, and thus a degree of benevolent paternalism is warranted. In the modern era, patient expectations (and rightfully so) are for the surgeon to provide their expert recommendations along with a clear explanation of the reasons behind them, as well as a brief evaluation and explanation of other options. An informed

patient is a key partner in the enterprise of shared decision-making, which should be the ethical underpinning of all surgical actions. An important role of the Surgery Chair is to ensure there is a clear expectation that surgeons will take the time to engage their patients as partners in any endeavor, and afford adequate time and patience to answer their questions. Whether patient satisfaction in this regard is monitored formally or informally, it is important that the Chair ensures the patient remains the center of our surgical practice and efforts, and that their viewpoint and perception is seen as crucial to inform performance improvement and future directions.

## Self Development as a Leader

Ability to set long-term strategy and vision for growth, along with efficiently managing the myriad day to day responsibilities, will take a significant investment of time from the Chair, requiring a corresponding reduction in personal clinical and research responsibilities. This is a painful but necessary step when becoming a leader. Conversely, it is important that the Chair maintains some clinical presence and activity, in order to understand the challenges and opportunities faced by other members of their Department.

There are few places left in the world where a Department will unquestioningly follow a leader’s orders just “because I said so.” The traditional my-way-or-the-highway authoritarian style of leadership is no longer viable in the modern environment. Therefore, the aspiring leader would be wise to invest the time and energy necessary to develop a collaborative leadership style – an item not included in traditional surgical training. This allows the Chair to garner the skills necessary to actively listen, encourage participation, allow plenty of opportunity for input from the team, and consolidate these into a unified vision and strategy for the Department.

Developing a strong network of next-tier leaders is also essential to ensure all aspects of this complex task are managed well and in a timely fashion, especially in larger Departments. Titles for these individuals may include Division Chiefs, Vice-Chairs, Directors, and Senior Administrators, based on local norms. Growing and developing these



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leaders, alongside investing time in one's own career development, is essential for the successful Chair.

### Conclusion

I hope this cursory overview of what is required to lead a surgical department piques the reader's interest and encourages further exploration. There are an overwhelming number of books on leadership, self-development, quality assurance and adult education available today, as well as many online courses. The brief selection below are simply a few of the books I personally have found most helpful.

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OPEN MANUAL OF SURGERY IN RESOURCE-LIMITED SETTINGS

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