Surgical Leadership

A GUIDE TO BEST PRACTICE

Supports Good Surgical Practice

Domain 3: Communication, Partnership and Teamwork

RCS

ADVANCING SURGICAL STANDARDS

CONTENTS

INTRODUCTION

Good leadership is a central aspect of quality and safety in healthcare organisations. Sir Robert Francis QC, in his 2013 report following the Mid Staffordshire Public Inquiry,[1] argued that strong, patient-centered leadership is needed to bring about a transformation of organisational culture in the NHS. In the clinical setting, consultant surgeons have the responsibility to develop an effective team through leadership and teambuilding. Surgical teams require leaders who understand the needs of patients and can inspire and manage the team to deliver those needs. Technical skills need to be complemented by non-clinical skills in order to facilitate communication and effective teamworking and lead to safer patient care.

This document is intended to serve as a practical guide for surgeons who lead teams. It complements the College's guidance *The High Performing Surgical Team – A Guide to Best Practice*[2] and can be used as a tool for implementing the principles of *Good Surgical Practice*[3] around leadership, behaviour and teamworking. It is based on current evidence about leadership and safe surgical care, and draws on other established guidance, including the RCS guidance *Leadership and Management of Surgical Teams*.[4]

This guide sets out the rationale for effective leadership and the recommended attributes and behaviours expected of the surgical leader. It provides standards and recommendations that can inform training, development and assessment of surgical leaders and leadership. The focus is on achieving positive outcomes for patient safety and a culture that promotes safe, efficient and compassionate care of patients and staff.

LEADERSHIP AS AN ESSENTIAL ELEMENT OF EFFECTIVE TEAMWORKING

All surgeons, whether or not they have a formal leadership role, are expected to demonstrate leadership skills, whether this is in theatre or as leaders of their clinical service. With an ever-increasing emphasis on team working and creating a safe culture for staff and patients, surgeons also play a central role in influencing the culture beyond their immediate team, and in the wider organisation in which they work. Their accountability in all these respects is no longer in question.

Effective leadership of surgical teams in any context is characterised by the following:

- Clearly defined leadership roles, particularly in critical situations.
- Leadership style appropriate to the clinical situation.
- Clear direction to the team from the leader.
- Continuous seeking of input from team members.
- Engaging members in team-based decision making.

Surgery is not a solitary act. The success of any individual surgeon is no longer dependent on him or her as the lone 'captain of the ship'. The notion of the heroic leader is out dated and inappropriate in a modern health service.[5] Safe, effective surgery is team based, with accountability and empowerment being more distributed across the team than invested in one individual leader.

LEADERSHIP STYLES

The personality and style of any leader has a significant impact on the culture of a team or organisation. There is no ideal style, but there are personality traits that characterise effective leaders and styles that suit some teams or environments more than others. Styles can range from democratic to autocratic. Good leaders know how to adapt to the situation and people they are leading. This is as true for surgeons as for any other professional occupation.

The leader's role is to motivate the team to enable optimal performance in terms of efficiency, safety and positive outcomes for the patient. In healthcare, the predominant style of leadership has been a pace-setting style of leadership based on meeting targets. This style has been associated with a loss of compassion, producing a climate which is not conducive to building morale and motivation. At worst, such a style has been associated with disastrous patient outcomes. By contrast, the leadership style shown to have the most beneficial effect on organisational and team climate is a more engaging style of leadership that emphasises patient care, enables staff and listens to their views, rather than adopting a more 'command and control' style. There is a balance to be struck:

> *'The currently desired shift in emphasis towards autonomy, responsibility and accountability with a strong orientation towards patient care and compassion – as well as timely and effective clinical interventions and practice –represents a contemporary modification in the desired Leadership Model for the NHS. These emerging high priorities need to be reflected in a leadership model suitable for the time. However, the model also needs to allow space for other more directive aspects of leadership that may be crucial for particular circumstances.'*[6]

ATTRIBUTES OF GOOD LEADERSHIP

Leadership styles may vary based on each situation, but the following attributes are at the heart of all good leadership. Good surgical leaders:

- act with integrity
- are honest, open and consistent
- are accessible
- are open to challenge and feedback
- are decisive
- are self aware and mindful of their impact on others
- recognise their own responses to stress.

Personality traits most strongly predictive of leadership effectiveness and leadership emergence are emotional stability and resilience, extraversion (particularly assertiveness), and conscientiousness – being personally organised, focused on achieving goals, persisting without becoming distracted, and with a sense of duty. This should not be taken to indicate that more introverted individuals cannot be effective leaders. They may, however, have to work harder to communicate their ideas and intentions assertively and to convey the sense of optimism that is part of inspiring others.

With a shift away from the heroic leader and the emphasis on charisma, attributes of curiosity, openness, humility and empowerment are now proven to be more effective in motivating and engaging team members.

LEADERSHIP TASKS AND BEHAVIOURS

It is not enough to focus purely on what leaders are like. Their performance and reputation will rest on what they do and how they do it. Evidence on surgical leadership points to several behaviours that are central to good surgical leadership and speed up learning in a surgical team.[7]

According to current evidence, good leaders:

- minimise status and power differences
- ensure they are accessible
- encourage learning
- actively engage to create a shared sense of teamwork that increases collaborative behaviours
- instil a sense of responsibility in each person for the well-being of the team
- encourage feedback, challenge and input
- create a culture of safety by surfacing and mitigating issues that might cause harm to the patient
- promote a positive working environment through good teamwork.

Good leaders also create environments where participants:

- understand what is going to happen
- share concerns
- seek feedback and encourage input and questions
- inspire others with the purpose and importance of what they do – whether through teaching and training, appraising, mentoring or simply through their personal enthusiasm and commitment
- focus others on what is important and minimise other distractions
- enable others to be able to do their job, ensuring they have the necessary skills and resources (even when these may be scarce)
- review individual and team performance and reinforce success and achievement – combining support and praise with appropriate challenge to help keep standards high
- help others to learn from experience, mistakes, successes and failures, through creating a climate in which people can express concerns openly without fear of recrimination.

LEADERSHIP SKILLS

In addition to certain generic behaviours, leadership requires a series of specific skills and tasks that can be learned and developed through education, experience and guidance. There are no standard leadership rules or recipes for the perfect leader. However, the Non-Technical System for Surgeons (NOTTS),[8] a validated educational system for rating non-technical skills in surgery, has identified four categories of non-technical skills.

These are situation awareness, decision making, leadership and communication, and teamwork. The three key elements of leadership skills in this context are:

- Setting and maintaining standards.
- Supporting others.
- Coping with pressure.

These are all underpinned by the surgeon's effective use of authority and assertiveness, which involves creating an appropriate balance between challenging others, inviting challenge and participation, and being assertive enough to apply authority to complete a task safely.

Leadership includes managing

With their clinical service, surgeons must both lead and manage. Leadership means a focus on setting direction, motivating others, and ensuring that the operational elements are safely and efficiently delivered. Managing tends to involve a focus on processes, systems, plans and schedules and ensuring that these work effectively and objectives are achieved. The boundaries between leading and managing have become increasingly blurred; in practice the roles overlap, have assumed equal important and cannot be divorced from each other.

Leaders of surgical teams have a duty to engage in the management of their own team and the larger interest of the institution.[4,9] This means engaging not only their clinical colleagues but also developing constructive working relationships with managers and 'management' at all levels. The challenges inherent in making these relationships work well

have been well recognised, not least because of the markedly different education, training and professional orientation of surgeons and NHS managers. It is expected that surgeons and managers will communicate regularly, openly and with mutual respect – especially if their priorities conflict.

Can leadership be learned?

While personal traits and attributes are difficult to change, style, behaviour and skills are amenable to training and can be learned. The chances of mastering the necessary skills and behaviour will however depend in part on your openness to learning and to changing how you have previously behaved. It will also require insight into how you are behaving currently and the impact you have on your team.

With the development of the NHS Leadership Academy, the Faculty of Medical Leadership and Management, programmes at institutions such as the King's Fund, and a variety of renowned UK business schools working with NHS organisations, there has never been more training, support and guidance available for surgical leaders who have a particular role to play in leading and managing their clinical service. Many surgeons have benefited from these programmes and are achieving significant developments for their clinical service as a result. When it comes to leading teams in theatre, or day to day in a clinical setting, surgeons must rely more heavily on their colleagues to give them constructive feedback about the impact of their leadership. It will invariably be up to you as an individual surgeon to ensure you actively seek that feedback and create opportunities for others to be honest and, where necessary, to challenge you. Your response to such feedback will have a significant impact on the culture and climate you create within a team.

DISRUPTIVE LEADERSHIP: CAUSES AND IMPACT

Disruptive behaviour is behaviour that is defined as 'inappropriate conduct that interferes with, or has the potential to interfere with quality healthcare delivery'.[10] Surgeons operate in a unique and complex environment which is stressful and often high risk. Communication problems, fatigue due to excessive workload and interpersonal issues remain three of the most frequently identified problems, providing fertile ground for behaviour that can impair or derail clinical performance and working relationships.

Leadership effectiveness is not just a matter of having enough of the 'right stuff'. It is also a matter of not having the 'wrong stuff'. There is of course great variation in the behaviour, personality and interpersonal style of surgeons. This diversity is to be encouraged rather than stifled. However, tolerance for the 'superstar technocrat with no interpersonal skills'[11] is much lower than it used to be and evidence is clear that arrogant and autocratic leadership is deleterious to team performance and can pose risks to safety. Leadership behaviours that can pose risks to patient safety and the quality of healthcare have also been highlighted in the Berwick review into patient safety[12] and the Francis report.[1]

Common attributes of the disruptive leader

- Dominant, arrogant, aggressive, egocentric, impersonal and autocratic – being outspoken and often intimidating to other team members (eg in theatre; in multi-disciplinary team meetings).
- Inhibiting the learning and development of other team members and trainees by dismissing their questions or challenges.
- Neglecting to share important information.
- Promoting the existence of factions and rivalries within the team.
- Inhibiting constructive feedback or identification of risks to patients.
- Treating other non-clinical staff (eg management or administrative colleagues) without due courtesy or respect.
- Passive disruption such as: persistent non-attendance at key meetings (eg MDTs; directorate meetings); refusal to abide by decisions agreed by the team; undermining colleagues by criticising them in public; refusal to delegate; failure to carry out proper patient handovers.

What derails surgical leaders?

Poor leadership is not necessarily about failed technical competence, although this can play a part. The majority of the evidence about surgeons who find themselves thrown off course shows that it is their behaviour that eventually derails them and others around them. It is no longer acceptable to tolerate behaviour that countermands the principles of *Good Surgical Practice*,[3] just because of a surgeon's technical ability or other accomplishments. At the same time, surgeons – like most clinicians – are working in increasingly stressful circumstances with many other external forces affecting the way they work. These can combine to produce an environment that is ripe for behaviour to become more exaggerated, for strengths to become overplayed in response to extreme pressure, and for such behaviour to cross the line to become counterproductive.

Surgeons tend to be recognised and valued (and trained to display) confidence, emotional detachment, decisiveness, attention to detail, even courage. Overplayed, each of these has what is commonly called a 'dark side'.[13] Confidence becomes arrogance, courage becomes hubris, and emotional detachment extends into lack of empathy. One such common pitfall for surgeons is perfectionism that goes beyond a necessary attention to detail, and becomes overly critical, highly demanding behaviour that is not only disempowering for others but may be deleterious to the surgeon's own health.[14] The most common behavioural derailers observed in failed leaders and managers are shown below, with behavioural exemplars to help you identify these behaviours both in yourself and other colleagues.

Leadership derailers – (after Hogan and Hogan[12])

Excitable   moody, easily annoyed, hard to please, and emotionally volatile

Sceptical   distrustful, cynical, sensitive to criticism, and focused on the negative

Cautious   unassertive, resistant to change, risk averse, and slow to make decisions

Reserved   aloof, indifferent to the feelings of others, and uncommunicative

Leisurely   overtly cooperative, but privately irritable, stubborn, and uncooperative

Bold   overly self-confident, arrogant, with inflated feelings of self-worth

Mischievous   charming, risk taking, limit testing and seeking excitement

Colourful   active, energetic, entertaining, dramatic, and attention seeking

Imaginative   creative but thinking and acting in unusual or eccentric ways

Diligent   meticulous, precise, conscientious, hard to please, and perfectionist

Dutiful   eager to please and reluctant to act independently or against popular opinion

What can you do to prevent yourself from derailing?

Constructive feedback is essential in helping colleagues become more aware of when their behaviour is becoming counter-productive and adversely affects morale, performance or even patient safety. You should ensure that you create the opportunity for a trusted colleague or other team members to tell you if they are concerned about your behaviour, either towards them or others.

STANDARDS AND RECOMMENDATIONS

Good Surgical Practice[3] states that surgeons have a duty to promote a positive working environment and effective surgical teamworking that enhances the performance of their team and results in good outcomes for patient safety. The following behavioural standards of good leadership are included in *Good Surgical Practice*[3] and are applicable to all those who lead surgical teams. Their practical application should also take into account local practices and codes of conduct within surgeons' employing organisations.

Standards for surgical leaders (from *Good Surgical Practice*[3])

- Demonstrate insight into the impact of your own behaviour on the people around you.
- Set an example to other colleagues in your team by behaving professionally and respectfully towards all team members. Be mindful that your behaviour serves as a role model to junior doctors.
- Communicate openly, timely and respectfully with colleagues. Refrain from dismissive or intimidating behaviour and inappropriate, offensive or pejorative language, including swearing.
- Respect the roles and views of other members in the team. You should promote well- structured and inclusive processes that encourage contributions of all members and ensure that the views of new and junior members and taken into account.
- Be accessible and approachable to your colleagues.
- Ensure that each member of your team understands their own and each other's role and responsibilities.
- Be inclusive, and ensure that team members are not isolated. Ensure that all members of your team are fully conversant with the routines and practices of the team and know from whom to seek advice on clinical and managerial matters.
- Support colleagues who have problems with performance, conduct or health.
- Challenge counter-productive behaviour in colleagues constructively, objectively and proportionately.
- Encourage and be open to feedback from colleagues, including junior colleagues. Reflect on feedback about your behaviour and performance and acknowledge any mistakes.

- Participate in national and local audits relating to your practice and critically reflect on your performance. Encourage the participation of your team members in regular review and audit.
- Develop and maintain effective relationships with non-clinical management. Act in line with organisational policies and contractual obligations.

How can you build and maintain high standards of surgical leadership?

Wherever possible, surgeons should make time within their own specialty to discuss these standards, adding or tailoring to reflect any specific standards for their own area of work, but ensuring that all additions are fully compatible with the values and principles of *Good Surgical Practice*[3] and with local organisational practices.

- You and all members of your team should hold a copy of the behavioural standards and asked to sign a statement of intent or make a public commitment to comply with it.
- You can initiate an annual review of these standards and encourage individuals to use the Personal Checklist (see Appendix I).
- You should know what to do in the event that you witness an infringement of these standards, as set out in the College's guidance *Acting on Concerns*.[15]
- As a leader of a surgical team you take regular (annual or bi-annual) time out with your multi-disciplinary team to reflect on your working relationships, progress against your service objectives, successes and difficulties. Reviewing the behavioural standards should form part of these discussions.

ASSESSMENT OF GOOD LEADERSHIP

Specific behaviours required of surgeons and surgical leaders are likely to depend on the nature of the surgery, the complexity of the context, etc. No single assessment measures can cover all aspects of surgical team leadership as the environment in surgery is highly complex, involving interactions with a variety of disciplines in a dynamic environment. However, good leaders continuously evaluate their impact on the team, and the team's impact on their leadership. Self-assessment and feedback from colleagues are essential routes to maintaining and improving effective leadership. The ability to adapt to changing situations and environments is critical to good leadership.

Assessing leadership can include assessing leadership traits and attributes, ability and skills, and behaviour. There is a variety of resources and tools to evaluate the quality of leadership:

- Psychometric tests can be applied to the assessment of personality traits and ability. These include personality and cognitive ability tests as well as reasoning tests of problem solving, decision making and analytical ability. They must be selected, administered and interpreted by a practitioner with appropriate professional qualifications in occupational psychology and/or licence(s) from the various test publishers. There is a wide variety of commercial organisations including consultancies, test publishers, Universities (eg Schools of Management) and NHS organisations that provide tools and assessment services in this area. It may be useful to engage an organisation that has specific expertise in assessing medical leaders.
- Leadership skills can be assessed through simulations, role-play activities, and the Non Technical Skills for Surgeons (NOTSS) system[8] which is a behavioural rating system used to rate surgeons' behaviour in theatre.
- Observational Teamwork Assessment for Surgery (OTAS)[16] is a validated framework for measuring surgical team performance.[17] Clear behavioural exemplars are provided for surgeons as well as nurses and anaesthetists (eg 'Requests and instructions to the team are communicated clearly and effectively; Changes in the operation or case lists are communicated to all concerned').

- The College is developing a localised approach to theatre team training, designed to support local faculty to evaluate and improve team behaviours, communication and leadership skills.[18]

Additional resources on leadership and assessment of good leadership can also be found through the following organisations:

- **Faculty of Medical Leadership and Management**
  www.fmlm.ac.uk/

- **The King's Fund**
  www.kingsfund.org.uk

- **NHS Leadership Academy**
  www.leadershipacademy.nhs.uk

APPENDIX I

Personal checklist for individual surgeons leading in a team:

- Did I clearly state my intentions and goals?
- Did I listen to everyone's views?
- Did I show respect to all members of the team?
- Did I handle differences of opinion openly?
- Did I check to make sure I understood the different positions/arguments in the team?
- Did I encourage all team members to contribute to the discussion/decision (where appropriate)?
- Did I make it easy for colleague to give me feedback?
- Did I welcome warnings of problems?
- Did I seek out and listen to my colleagues and staff?
- Did I talk to them openly about risk?
- Did I provide support or opportunity for those who were struggling/needed to learn?
- Did I ensure that team members were enabled to do their job (the right resources, skills, etc)?
- Have I reflected on my own performance and any complications that arose?
- What have I learned from these? Have I communicated that learning to the team?
- Did I encourage all team members to reflect on their contribution and what they have learned from the complications?
- Did I lead by example?

APPENDIX II

Leadership myths and evidence

Leaders are born not made

Leadership skills can be taught and learned

There is an ideal personality type that makes the best kind of leader

Some personality traits are associated with more effective leadership – but personality does not in itself prevent anyone from being a leader

The consultant surgeon is in charge and should not be challenged

A good surgical leader is one who encourages challenge and responds constructively

Conflict is destructive and a good leader should discourage it

Healthy teams can handle differences of opinion – constructive conflict can boost creativity

Sometimes a leader has to shout at staff to make sure things get done

Shouting and losing your temper are unprofessional and intimidating and may cause impaired decisions by staff on the receiving end

It is my name at the end of the bed so I should be the one who makes the final decision

It remains true that the consultant surgeon is accountable for the surgical outcome and must have the final say – but better decisions may be made with input from the wider team

The most senior surgeon will be the best leader

Seniority brings experience and gravitas but not necessarily good leadership skills

Bad behaviour gets results

This may be true in the short-term but it sets an unprofessional example, contravenes *Good Surgical Practice*[3] and *Maintaining High Professional Standards*[19], and in the longer term damages morale and concentration in the team

I must set a higher standard than anyone else – as a leader I should lead by example	Leaders will influence others by what they say and do – but excessive perfectionism can lead to burn-out and can be disempowering for others
Leaders must be charismatic	Leaders must be good communicators and able to inspire others with a sense of purpose – but the charisma can be destructive if over used
The team expects to be told what to do	Team members are more engaged and productive if they are involved in important decisions that affect them
I run a tight ship – we have no problems in our team	Leaders must create opportunities for people to raise concerns and exchange feedback. Without this, problems can go undetected and escalate later
I have difficult colleagues in my team but it's not my job to tell them how to behave	Difficult team members contribute to a difficult climate for the whole team: it is the leader's responsibility to address behaviour in anyone who is having a negative impact on others
Errors are unacceptable in my team.	'To err is human'. Leaders must make it safe for team members to identify and talk about errors – this increases learning and reduces errors in the future
Leading surgery in today's health service is an uphill struggle – management just won't support us	Leaders work on the system to try to improve it rather than waiting for permission. Leaders must develop relationships with and influence senior management, not criticise them from the side-lines

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