

# Role of Leadership in Changing Surgical Practice



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# Dedication to



# Introduction

- ▶ Historically, surgeons took sole responsibility for their patients in the OR using command and control style of leadership
- ▶ Modern surgical practice has now evolved from single provider care to a team-based approach .....**Collaborative leadership skills**
- ▶ Surgical care benefits from the collaboration of surgeons, anaesthesiologists, radiologists, pathologists, oncologists and others like nurses, pharmacists , hospital staff and administrators



# Introduction

- ▶ Surgeons have the potential to improve patients' outcomes, reduce medical errors, costs and improve patient satisfaction through their leadership of the MDT
- ▶ It is imperative to include formal instruction on leadership principals and skills in any surgical training program



# Definition

- ▶ “ a leader takes people where they want to go however, a great leader takes people where they don’t necessarily want to go, but where they ought to be. ” **Rosalynn carter**
- ▶ “you are a leader if your actions inspire others to dream more, learn more, do more and become more”

**Leadership is not related to being in a position of authority**



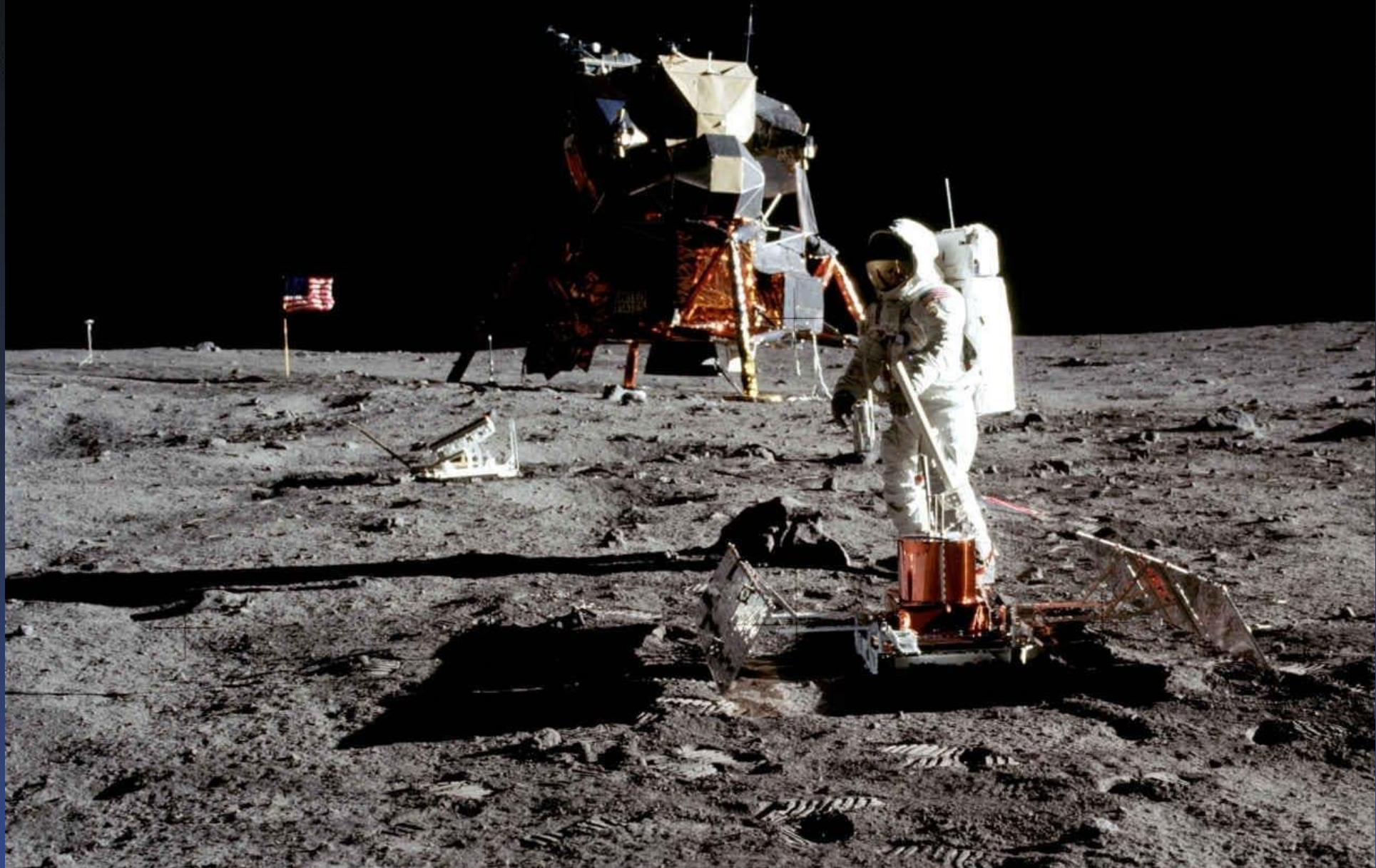
# Fundamental Principles of Leadership

## 1- Vision

- ▶ Creating a vision is a declaration of the near future that inspires and motivate
- ▶ “ Nation should commit itself of lading a man on the moon and return him safely to the earth before this decade is out” JK







# Vision

- “We should be having the best one km<sup>2</sup> in the world” MR









# 1- Vision

- ▶ Pioneers in other fields of surgery like **Michael DeBakey** powerful vision leads to the development of numerous breakthrough procedures like inventing Dacron graft that enabled the development of **endovascular surgery**
- ▶ Leaders must learn to develop visions to provide directions for their team, the **vision can be as straightforward as providing quality of care or as defining a new field of surgery**
- ▶ Committing pen to paper enables the surgical trainee to define vision in a manner that can be shared with others



## 2- Willingness to lead

- ▶ Surgical leader must be willing to lead
- ▶ Willingness to lead is there in any individual who desires to become a surgeon
- ▶ In the OR, a surgeon accepts the responsibility to lead patients' care despite the risks and burdens involved





## Willingness to lead

- ▶ Surgical trainees accept the hard times during residency and it's accompanying steep learning curve and anxiety come along working hours and time spent away from family and friends



### 3- Willingness to Learn

- ▶ Surgeons must possess willingness to commit to continuous learning.
- ▶ Modern surgery is dynamic .....
  - ▶ evolving health care systems
  - ▶ constant scientific discovery and the innovations
- ▶ Basic science relating to surgical care is growing
  - ▶ sequencing of human genome
  - ▶ advances in molecular biology and signaling pathways
  - ▶ transformation of personalized medicine and surgery in the current century



# Willingness to Learn

- Performing total colectomy and avoidance of 5- FU based chemotherapeutic regimens in patients with HNPCC are two of many examples of genomic information guiding surgical care
- Surgery uses new technologies like laparoscopy, robotic surgery and neuro modulation resulting in shorter hospital stay, quick recovery and new lines of treatment in some diseases

**#Continuous learning**



## 4- To Communicate Effectively

- ▶ The complexity of modern healthcare delivery systems requires a higher level and collaborative style of communication
- ▶ Effective communication between surgeons, nurses and other staff is crucial element to improve patient outcome
- ▶ Communication errors are usually related to hierarchical differences, conflicting roles, interpersonal power and conflicts





## ► 5- To Resolve Conflict

- During Pursuing any vision, numerous conflicts arise on daily basis , it is important that the surgeon remain objective and flexible, Incorporating all the views or using previous experience of similar problems

## ► 6- Time Management



# Leadership styles

- ▶ Coercive
- ▶ Authoritative
- ▶ Affiliative
- ▶ Democratic
- ▶ Pacesetting
- ▶ Coaching



## *Coercive*

- ▶ Command and control style
- ▶ Historically dominated surgery
- ▶ Erodes team members' sense of responsibility, motivation, sense of participation
- ▶ Effective in times of crisis to deliver clear, concise instruction

Should be saved for emergencies



# *Authoritative*

- ▶ **"Come with me,"** mobilizing the team toward a common, grand vision
- ▶ Allows the team freedom to innovate, experiment
- ▶ Display self confidence, empathy, proficiency in initiating new ideas and leading people in a new direction
- ▶ **This is best used when a Paradigm shift is needed**





# *Affiliative*

- Builds emotional bonds, and emphasis on communication
- Frequently gives positive feedback
- Can allow poor performance to go uncorrected if too little constructive advice is given
- Useful when motivating people during stressful circumstances



# *Democratic*

- Listens to and values each member's input
- It is not the best choice in an emergency
- **Appropriate when it is important to obtain team consensus**



# *Coaching*

- ▶ Focuses on developing people for the future through mentorship
- ▶ The coach gives team members challenging tasks, encourages and delegates
- ▶ Helps people identify their weaknesses and improve performance
- ▶ No appropriate when team members are unwilling to change or learn

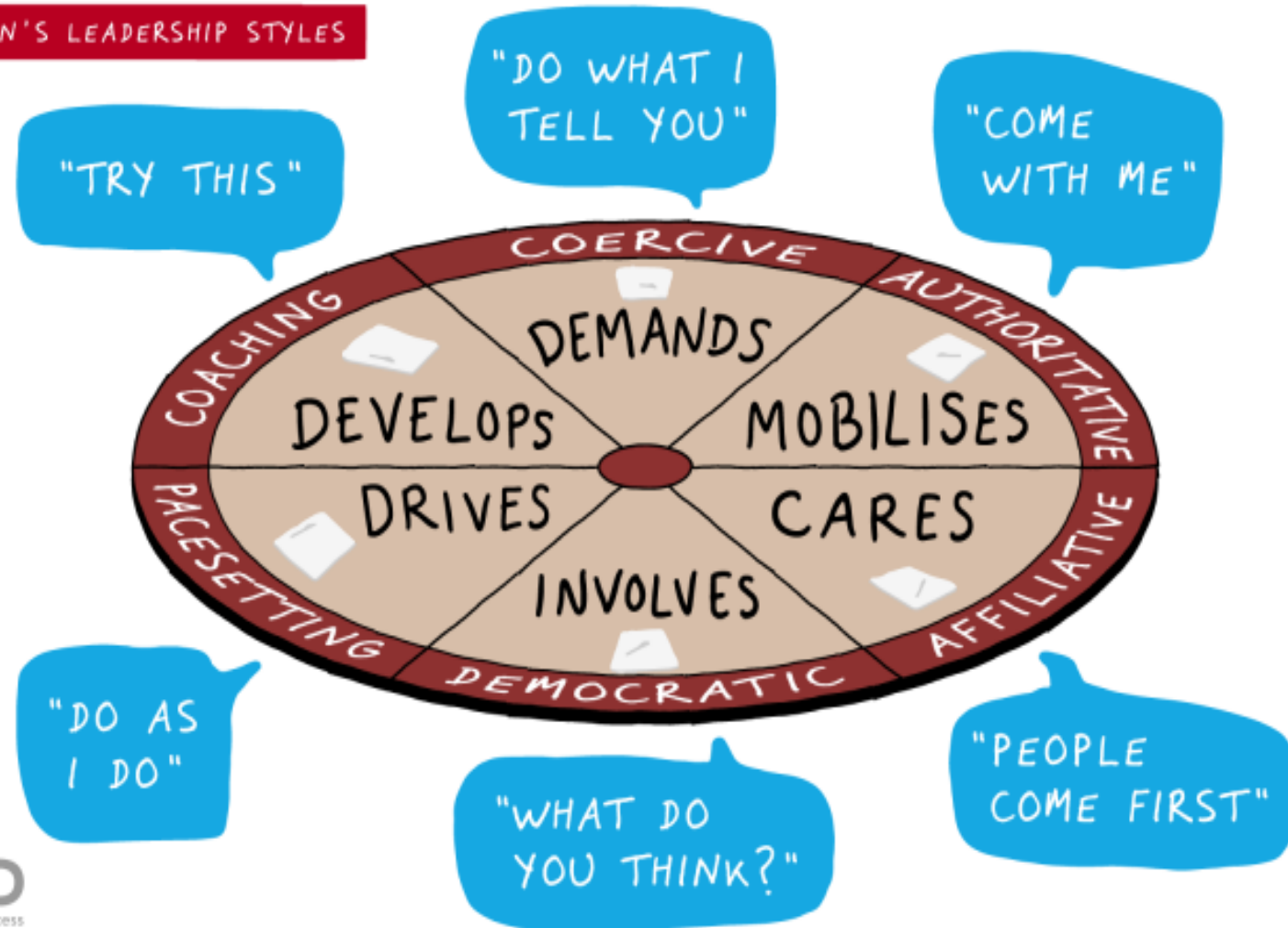


# *Pacesetter*

- ▶ Sets high standards for performance
- ▶ Identify poor performers and demand more from them
- ▶ Does not build the skills of those who are not keeping up
- ▶ When it is important to obtain high quality results
- ▶ Can easily become micromanagers who have difficulty delegating tasks



GOLEMAN'S LEADERSHIP STYLES





# Surgeons

- ▶ *Everyone is a leader because everyone influences someone."*

*John C. Maxwell*

- ▶ Even without a leadership title, physicians have a great role of promoting change
- ▶ Leadership is an action, not a title.
- ▶ Leaders do not ignore problems or just complain about them; they work with others on figuring out solutions



AN ACTION PLAN FROM THE WORLD'S  
FOREMOST EXPERT ON BUSINESS LEADERSHIP

# Leading Change



John P. Kotter

HARVARD BUSINESS SCHOOL PRESS









ERAS

# **SUCCESSFUL EXAMPLE IN SURGICAL PRACTICE**





# Possible Barriers to ERAS Pathway Development

- ▶ **Patient related**
  - ▶ Needs and expectations
  - ▶ Health literacy, understanding and engagement
- ▶ **Staff related**
  - ▶ Communication and collaboration
  - ▶ Skills and competencies



# Possible Barriers to ERAS Pathway Development

## ► **Facility, Specialty-related**

- Leadership and support
- Initial and ongoing staff education
- Optimizing staff competencies
- Availability of medications, monitoring and resources
- Applicable policies and procedure



Phases	Kotter	CUSP	TeamSTEPPS®	Implementation Considerations
Creating a climate for change	<ul style="list-style-type: none"> <li>Establish a sense of urgency</li> </ul>	<ul style="list-style-type: none"> <li>Understand the science of safety</li> </ul>	<ul style="list-style-type: none"> <li>Create a change team</li> </ul>	<ul style="list-style-type: none"> <li>Assess and analyze to identify themes of satisfaction, suggestions and concerns in current program</li> <li>Patient satisfaction and other feedback sources</li> <li>Benchmark U.S. and international sources for patient and community education communications and resources</li> <li>Assess the scope of the project</li> <li>Identify existing resources:               <ul style="list-style-type: none"> <li>Staff</li> <li>Equipment</li> <li>Drugs</li> <li>Clinical policies</li> <li>Education</li> <li>Documentation</li> </ul> </li> <li>Identify facilitators and barriers</li> <li>Conduct an assessment of the readiness and capability</li> <li>Represent an inclusive, “can do” attitude</li> </ul>
	<ul style="list-style-type: none"> <li>Create a guiding coalition</li> </ul>	<ul style="list-style-type: none"> <li>Assemble the team</li> <li>Engage senior executive</li> </ul>	<ul style="list-style-type: none"> <li>Define the problem</li> </ul>	<ul style="list-style-type: none"> <li>Identify “champions” (e.g., nurses, anesthesia professionals, surgeon) to lead and facilitate the ERAS program</li> <li>Include patient advocate(s) on leadership team</li> </ul>
	<ul style="list-style-type: none"> <li>Communicate the vision for change</li> </ul>	<ul style="list-style-type: none"> <li>Understand the science of safety</li> <li>Identify defects through sensemaking</li> </ul>	<ul style="list-style-type: none"> <li>Define the intervention</li> </ul>	<ul style="list-style-type: none"> <li>Clearly communicate and engage others in the vision</li> <li>Obtain “buy-in” from all the members in the practice</li> <li>Partner with community leaders to develop messaging through multiple channels to communicate understanding of patient and family responsibility, and engage service agencies in pre and post care support services to increase safety, satisfaction and outcomes</li> </ul>

STEPPS= Strategies and Tools to Enhance Performance and Patient Safety

CUSP= Comprehensive Unit-based Safety Program



Phases	Kotter	CUSP	TeamSTEPPS®	Implementation Considerations
<b>Introducing New Practice</b>	<ul style="list-style-type: none"> <li>• Empower broad-based action, remove obstacles</li> </ul>	<ul style="list-style-type: none"> <li>• Assemble the team</li> <li>• Identify defects through sensemaking</li> <li>• Implement teamwork and communication</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a plan for testing the effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and pilot ERAS pathway in one surgical specialty</li> <li>• Begin with a small team</li> <li>• Develop initial learning, ongoing education, training, and continued team development</li> <li>• Conduct a systematic review of the literature and facility outcome data</li> <li>• Utilize patient feedback in developing the care pathways</li> </ul>
<b>Maintaining the Momentum</b>	<ul style="list-style-type: none"> <li>• Generate short-term wins</li> </ul>	<ul style="list-style-type: none"> <li>• Implement teamwork and communication</li> </ul>	<ul style="list-style-type: none"> <li>• Develop an implementation plan</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize electronic health records (EHRs) to track progress</li> <li>• Celebrate initial and new successes</li> <li>• Recognize staff and patient excellence</li> </ul>
	<ul style="list-style-type: none"> <li>• Consolidate and build on change</li> </ul>	<ul style="list-style-type: none"> <li>• Identify defects through sensemaking</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a plan for sustained improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Develop outcome and process measures to track quality for continued improvement</li> <li>• Use outcome and process measures to track quality. Use data/audit feedback to make modifications</li> <li>• Audit all steps for compliance, review and process</li> <li>• Audit documentation and patient compliance with care</li> <li>• Seek both positive feedback and opportunity to improve from patients and family</li> <li>• When possible, acquire patient and family assessment of care in real time to address less than satisfactory experiences</li> </ul>
	<ul style="list-style-type: none"> <li>• Anchor ERAS pathway changes into the organization and team culture</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding the science of safety</li> <li>• Implement teamwork and communication</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a communication plan</li> </ul>	<ul style="list-style-type: none"> <li>• View ERAS program as a continuum and not as a final destination</li> <li>• Leadership presence, participation and ongoing support</li> <li>• Initial and ongoing staff education and training</li> <li>• Frequent updates on the successes, challenges and solutions being addressed of ERAS</li> <li>• Continue educating the patient and community on the significance and importance of ERAS</li> <li>• Celebration of short-term wins</li> </ul>





# Conclusions

- ▶ All forms of leadership require a vision and willingness
- ▶ willingness to assume the responsibility to lead, continue learning, practice effective communication styles, and resolve conflict
- ▶ Effective leadership can change surgical departments and improve patient care through innovation







Thank you

