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Association for Surgical Education

# Leadership and followership in surgical education

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## 1. Introduction

Take a moment to recall a patient who has thanked you for the care you have provided. Recall that person who offered up thanks, maybe when you least expected it, or maybe when you worked the hardest for it. The person you saved, literally, from the brink of death. Or maybe that person who offered up a thanks in whom you performed what you thought was a relatively minor act of surgical wizardry yet the heartfelt thanks was genuine and well timed yet unexpected. Take a moment to recall such a person or circumstance. If you are a medical student, maybe at this point all you've done is just calm the nerves of a patient as you removed staples on a laparotomy incision; or if you are an education scientist or clerkship coordinator, perhaps you've made contributions to the education process that has facilitated care and resulted in a cadre of grateful patients.

Let's assume, with a very conservative estimate, that the work you do results in 500 grateful patients a year (that's 10 a week for 50 weeks)—they may not all be verbally or visually grateful, but on some level, you have made an impact in their lives. Assuming we include medical student training of clinical years, five years of residency and then 30 years of practice that's 500 patients over 37 years. A LOT of grateful patients. And that assumes a relatively modest patient load. Take a moment. Pat yourself on the back or give yourself a hug, or better yet, when appropriate, pat your co-workers on the back and give those who would accept a hug for all that they have done and will do. What we get to do is indeed, a miracle.

## 2. A miracle and a privilege

But it gets better. We are surgical educators and part of a large and frankly miraculous network. What we get to do is not just a miracle but a privilege too. Take a moment now to recall that resident or attending who inspired you when you were a medical student. Note the location of that person in the theoretical schema shown in Fig. 1. Consider that resident or attending likely influenced many other students, too. Or perhaps that resident or attending is you, as a clerkship director and through your teaching you have influenced students to do any number of things that have impacted patients: you've led them to successful surgical careers, or maybe you taught them how to successfully diagnose an aneurysm so that the now practicing ER doc has saved a number of lives; or maybe you taught that student on the medical school clerkship how to suture and they secured a central line, which later, when on a medicine rotation in MICU somewhere meant that a sick patient's central line did NOT become dislodged and your direct teaching helped that patient avoid a long downward spiral of complications.

We are part of a tremendous multiplier effect. For those of you who serve in leadership positions as clerkship or program director, you can point tangibly to a specific number of learners you impact, year after year. And if we think back to our patient example—think of the number of patients that those individuals impact, year after year. That multiplier impact of what we are entrusted to do is tremendous. What we get to do as surgical educators and surgeons is truly miraculous and an enormous privilege. We are not only impacting patients' lives, but by as educators we are impacting others who in turn impact patients.

I borrow the phrase a miracle and a privilege from the book of the same name,[1] penned by one of my surgical heroes, Francis D. "Franny" Moore. Dr. Moore was one of my surgical forefathers at the Brigham and I had the good fortune to know him, and to be trained by his son, another of my forefathers. The photo in Fig. 2 is when he came to the resident clinic in January 1990 to sign copies of his book. I remember that day like it was yesterday, but you can tell from looking at that photo of me that it was, alas, not quite yesterday!

By evoking this book title and reminding each of you where we sit in the surgical cycle of wonderful and inspiring privilege and honor, I want to reemphasize the importance of this wonderful organization. The Association for Surgical Education (ASE) is a

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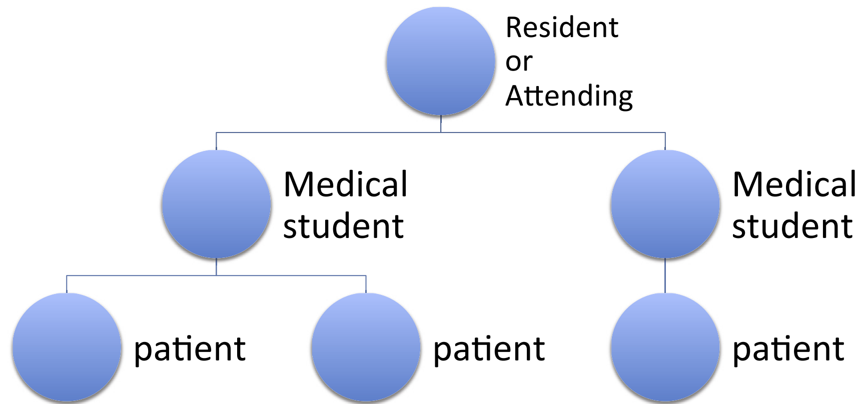


**Fig. 1.** Education network schema showing relationship of learners to patients.

home to those of us who value surgical education, who want to improve ourselves as surgical educators, who want to have education scholarship as our central focus in our academic lives. This organization has meant so much to me personally and has been a tremendous asset to me professionally. I owe a debt of gratitude to the ASE and feel so fortunate to have had the privilege to serve as your president for this past year.

What I hope to do in this presidential address is help reinvigorate that sense of awe in the work you do as surgeons and educators and put into context the importance it has for us as both leaders and followers.

### *2.1. Educators as leaders and followers*

As educators, we are leaders. A leader is defined as one who guides or directs. In our every day lives as surgeons we have to lead the surgical team and we have to educate our patients, but we get the double pleasure of teaching the future generation of surgeons who themselves will be leading surgical teams, teaching patients and perhaps themselves, teaching the future generation of surgeons some day. But at the same time, we have to know how to be good followers. As surgical educators, we are part of complex academic units and we often have multiple bosses or leaders that we follow—department chair, division director, dean and so forth. What I want to share with you today are my thoughts and reflections on leadership and followership. While much has been written about and much is talked about leadership, little emphasis is given to followership. Most of us will never be the “ultimate” leader, perhaps in our sphere best defined as department chair or dean. But even if we do gain appointment to one of those lofty positions, we will still have someone we are following, be it a dean or board of trustees or university president or chancellor. Hence, the bulk of my time today will dwell on followership.

**Fig. 2.** Photograph of Drs. Francis D. Moore and Mary E. Klingensmith, Boston, January 1990.

### *2.2. Surgeons as leaders*

But first, a bit on leadership. Just as we come to the ASE meetings and attend the sessions to become better educators, we have an obligation to improve ourselves as leaders. There are multiple resources for achieving this aim. The ASE Faculty Development committee has included leadership in its pre-meeting workshops; the Association of Program Directors in Surgery has leadership principles in the New Program Director program. The American College of Surgeons offers two terrific courses that include leadership for surgeons. I personally have taken advantage of these, as well as courses at my university's business school. Everything from half day courses to degree programs for leaders in healthcare are available. In addition, a very rich resource for leadership for physicians is the AAMC. There are multiple opportunities listed on their National Leadership Development Program webpage and I encourage you to explore this.[2]

If self-paced learning is more your style, I can recommend several books. *Thanks for the Feedback*[3] *Getting to Yes*[4] and *Difficult Conversations*[5] are all quick reads, but dense with great ideas for how to navigate the everyday challenges of leadership in surgical education. And in many instances, I've even found these books helpful in navigating the challenges of dealing with preteens and teenagers (not that I've had any challenges, mind you).

One of my closest ASE friends, who has also been a mentor in surgical education scholarship has been a touchstone for me about leadership in surgical education. He has now ascended to a wonderful leadership position in medical education (yes, beyond

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