

Leading Others Toward Excellence

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This essay puts forth the proposition that academic program excellence does not arise by accident. Effective leadership is required. To support this proposition, the essay discusses the characteristics common to effective leaders. It then proceeds to use the example of a successful academic oral-maxillofacial surgery department and characteristics of its leader to provide evidence that excellence derives from effective leadership.

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Excellence should be the goal of all academic institutions and academicians. Excellence in academia is typically measured by the intellectual contributions to society through research, teaching, and service. Unfortunately, true academic excellence is not common, although large numbers of very good academic programs exist.

The purpose of this essay is to share my findings and thoughts on the topic of academic leadership related to achieving academic excellence. First, a brief introduction into the nature of leadership is provided. Then, the theory that academic success requires effective leadership is proposed. Next, a case study and data supporting this theory are presented. Finally, conclusions and a proposal of how academic excellence might be spread to more programs are provided.

Leadership Model

Many ideas promoted in Edwin Locke's 1991 excellent and concise book titled, "The Essence of Leadership" help provide background to a useful leadership model.¹ The term "leadership" is composed of 2 components: leading and managing. Most leaders must also be managers. Managers work with their followers to perform the day-to-day activities that allow the basic required tasks to be accomplished. Leaders who perform as their predecessors did are acting more as managers. What distinguishes leading from managing is that leaders take their organizations in new directions. They have a vision of where the organization needs to go and inspire their followers

to implement that vision. Effective leaders persuade their subordinates that their self-interest lies with believing in the leader's vision and help to achieve the vision. Successful leadership is getting followers to experience a sense of personal achievement and accomplishment while working to achieve the leader's plans.

Leadership focuses on 4 key components. The first is the motives and traits of effective leaders, and the second is the knowledge and skills they should possess. These two components underpin the third component: creating a vision for the organization. Finally, the fourth component is implementing the vision.

What are motives and traits of successful leaders? Leaders have an inherent drive to achieve. They gain satisfaction by completing challenging tasks. Leaders apply creative approaches to improve just about everything. Effective leaders are ambitious and self-confident. They desire to progress in their career and cause their unit to grow and prosper. Leaders have a high level of energy and stamina. Their restless behavior can border on attention deficit disorder behavior. Effective leaders are tenacious and persistent. Finally, leaders initiate proactive approaches to challenges (Table 1).

Effective leaders should be smart and have the requisite knowledge and skills of their industry. Leaders must also have skills in managing conflict, solving problems, communication, listening, and team building (Table 2).

The model requires leaders to define what the organization should be and accomplish (ie, vision).

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Table 1. CORE TRAITS OF EFFECTIVE LEADERS

Drive to achieve
Gain satisfaction by successful completion of challenging tasks
Constant striving to improve just about everything
Ambition
Desire to progress in career and make their unit grow and prosper
Energy
High degree of stamina
Restlessness
Tenacity
Tirelessly persistent
Initiative
Proactive approach to tasks

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They need to communicate the vision and articulate a plan to achieve the vision.

Finally, success depends on implementing the vision by motivating followers and building their commitment to the plan. Specific and challenging goals must be set; then responsibility and authority must be delegated to their subordinates. Leaders build self-confidence in their followers by expressing confidence in them and rewarding those who believe in the vision. To implement the vision, leaders gather and manage information, build teams, and promote changes in organizational procedures and practices. This often requires calculated risk taking.

Theory and Supportive Evidence: Observations

I have empiric evidence supporting the theory that academic excellence requires effective leadership. My

Table 2. KNOWLEDGE AND SKILLS NEEDED FOR EFFECTIVE LEADERSHIP

Extensive knowledge of industry, technology, and their organization's environment gained from years of experience
Intelligence
Variety of important skills
People skills, listening
Oral communication
Network building
Conflict management
Problem-solving
Decision-making
Goal setting

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privileged position as editor-in-chief of the *Journal of Oral and Maxillofacial Surgery* (JOMS) provides me a platform from which to identify the most fertile oral-maxillofacial surgery (OMS) programs with respect to publishing and research. A small group of programs in our specialty are extraordinary in the quality and quantity of research and other important scholarly activities they conduct. These activities advance our understanding of human disease and optimize diagnostic and patient care strategies.

Using the number of articles accepted for publication in the JOMS and abstract and poster presentations given by faculty and residents at the American Association of Oral and Maxillofacial Surgery (AAOMS) annual meeting, one OMS program, from my observations, leads all the others. This is the Massachusetts General Hospital Department of Oral and Maxillofacial Surgery (MGH-OMS). Since 1996, MGH-OMS faculty, residents, and students have published about 300 JOMS articles and abstracts; uncounted additional articles were published in other journals. Each 12-month volume only contains about 300 articles in the hard copy; thus, the MGH-OMS articles would almost fill an entire volume. This is truly remarkable. Why was 1996 chosen; well, it was 2 years after the current leader of the MGH-OMS program took the helm. Were all the articles authored or coauthored by him? No, but many were. Why does this abundance of new knowledge come out of one unit and why is this worth a closer examination? Those answers are important, because they could help guide others in our profession.

It is not news that research productivity in OMS is lower now than in previous decades. The reasons for this include an ever-increasing difficulty in obtaining funding, as well as the push for academic surgesons to be clinically productive to meet institutional expectations and generate funds to bolster lackluster academic salaries. Many institutions no longer place a high priority on research, with many faculty on clinical educator tracks requiring fewer scholarly accomplishments. Many of our country's leading OMS units have limited training and experience in conducting research and thus fail to provide appropriate mentorship to junior faculty.

So what is different about the MGH-OMS program? My premise is that it comes down to effective leadership. Units with effective leaders are the ones with the most academic productivity. They are the ones regularly publishing articles, giving research presentations at meetings, and moving our specialty forward.

A survey was conducted to examine the leadership of the MGH-OMS department to try to identify the characteristics of its leader that might give insight into what might account for the department's success. A brief survey was sent to individuals who had

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