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Designing a leadership development program for surgeons



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ARTICLE INFO

Article history:

Received 29 May 2015

Received in revised form

21 July 2015

Accepted 6 August 2015

Available online 12 August 2015

Keywords:

Leadership training

Faculty surgeons

Faculty development

Leadership curriculum

ABSTRACT

Background: Although numerous leadership development programs (LDPs) exist in health care, no programs have been specifically designed to meet the needs of surgeons. This study aimed to elicit practicing surgeons' motivations and desired goals for leadership training to design an evidence-based LDP in surgery.

Materials and methods: At a large academic health center, we conducted semistructured interviews with 24 surgical faculty members who voluntarily applied and were selected for participation in a newly created LDP. Transcriptions of the interviews were analyzed using analyst triangulation and thematic coding to extract major themes regarding surgeons' motivations and perceived needs for leadership knowledge and skills. Themes from interview responses were then used to design the program curriculum specifically to meet the leadership needs of surgical faculty.

Results: Three major themes emerged regarding surgeons' motivations for seeking leadership training: (1) Recognizing key gaps in their formal preparation for leadership roles; (2) Exhibiting an appetite for personal self-improvement; and (3) Seeking leadership guidance for career advancement. Participants' interviews revealed four specific domains of knowledge and skills that they indicated as desired takeaways from a LDP: (1) leadership and communication; (2) team building; (3) business acumen/finance; and (4) greater understanding of the health care context.

Conclusions: Interviews with surgical faculty members identified gaps in prior leadership training and demonstrated concrete motivations and specific goals for participating in a formal leadership program. A LDP that is specifically tailored to address the needs of surgical faculty may benefit surgeons at a personal and institutional level.

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 0022-4804/\$ – see front matter © 2016 Elsevier Inc. All rights reserved.
<http://dx.doi.org/10.1016/j.jss.2015.08.002>

1. Introduction

Enthusiasm is high for formal leadership development programs (LDPs) in health care. As health care delivery in the United States increasingly requires a team-based approach, the ability to work in teams and to lead is becoming recognized as a vital skill for physicians, including surgeons. Providing care in multidisciplinary teams and participating in quality improvement initiatives both require effective engagement across professional disciplines to optimize patient care. This is particularly important in the current health care policy climate, where hospitals and health systems are becoming more accountable—and assuming more financial risk—for their clinical performance [1].

Despite this emphasis on team-based care, specific strategies to teach leadership to practicing surgeons have been lacking. Some health systems and organizations are providing leadership training to produce physician leaders capable of taking on these challenges [2–4]. For any LDP to succeed, however, participants must be actively engaged and committed to the process of leadership development. To support sustained involvement and future success, organizational leaders must understand the motivations for physician engagement in LDPs. In addition, to craft an effective and comprehensive LDP that accurately addresses the needs of a surgeon population, it is essential to conduct a detailed needs-assessment of the participants to better characterize the skills one would desire to obtain from such a program.

Recognizing these gaps, the Department of Surgery at the University of Michigan has initiated a LDP for surgical faculty. We aimed to better understand practicing surgeons' motivations for leadership development and specific goals, they hoped to attain from enrollment in the program. To inform the design of this program, we conducted a series of semistructured interviews with participating surgical faculty.

2. Methods

To characterize the needs of practicing surgeons who would be candidates for the program, we conducted semistructured interviews of 24 surgical faculty members at the University of Michigan. The goal of these interviews was to elicit the content needed to develop a leadership curriculum that addressed the needs of a population of surgeons. This study was designated as exempt from review by the University of Michigan Institutional Review Board.

The study sample included surgeons who voluntarily submitted applications and were selected for participation in a newly formed LDP within the Department of Surgery. All surgery faculty members were eligible for participation. The program directors ultimately excluded three individuals: one because they could not adhere to the time commitment of the program and two others because they were early on in their careers and chose to focus their efforts on building their own clinical practices and/or research programs. The rank of the participants ranged from assistant professor to professor. There were participants from a broad range of clinical areas including the following sections: General, Vascular, Plastic,

Thoracic, and Transplant. Many but not all of the participants held current leadership positions including section heads, division chiefs, and program directors. Design and implementation of this leadership program was funded by the Department of Surgery.

All interviews were conducted in person and one-on-one by an independent nonsurgeon evaluator before the program began. A standardized interview guide was used, and each participant was asked the same questions, which explored the following topics: why the participant was interested in leadership development (motivations); their previous experiences as formal and informal leaders (perceived successes and failures); specific skills and knowledge they hoped to acquire in the program; and past activities that had either supported or challenged their leadership development. Participants were also asked to provide any other comments about their perceptions of leadership and the upcoming program. The interviewer took summative notes on all interviews, including salient quotes, which were collated by a research assistant.

The raw data consisted of transcribed interviews and were analyzed using the following qualitative techniques. Analyst triangulation was used among three members of the research team (C.H.L., G.A.J., and J.B.D.) to independently review all interview transcripts holistically and to perform thematic coding for each topic. Meeting as a team, an iterative review of the themes was conducted, and grounded theory was applied for the development of themes to saturation. The team's notes were then consolidated and grouped into an analysis table. One member of the research team subsequently verified the team's initial impressions by reviewing all transcripts and identifying phrases that characterized representative sentiments about each study question. Seven of the 18 identified themes were agreed on as representative and salient and were described here. This analysis focuses on surgeons' motivations for leadership training and their perceived needs for specific leadership skills and experiences.

3. Results

3.1. Motivations for leadership training

Through the interviews, three major themes emerged with respect to practicing surgeons' motivations to seek formal leadership training (Table 1). The themes included were as follows: (1) Recognizing key gaps in their formal preparation for leadership roles; (2) Exhibiting an appetite for personal self-improvement; and (3) Seeking leadership guidance for career advancement.

First, many participants acknowledged a deficit in their medical school and residency training with regards to leadership. One participant stated, "I have no leadership or management training... [We have lots of training in] science, but nothing on the people." Several participants had actually sought external leadership programs but had not been able to follow through because of time constraints, distance, and/or money. Others had attended external leadership programs but felt more enthusiastic about a program that focused

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