Leadership Spotlight:

Adding Leadership to the Learning Portfolio of a Vascular Surgeon

By Nasim Hedayati, MD on Behalf of the Leadership Development and Diversity Committee

This is the latest column in this year’s series highlighting the evidence-based behaviors and attributes that define great leadership. Based on 25 years of research by Kouzes and Posner in their book "The Leadership Challenge," we are focusing on five "practices" routinely embraced by successful leaders:

1. Modeling the Way: Leading by example, with consistency, credibility and integrity.
2. Challenging the Process: The courage to question the status quo and thoughtfully test new paradigms.
3. Enabling Others to Act: Optimizing teams and team members by delegating power and authority so they can reach new heights of success.
4. Encouraging the Heart: Taking the time to celebrate key accomplishments and ensure the team stays connected to the mission or purpose.
5. Inspiring a Shared Vision: Envisioning a positive future and appealing to the shared goals of others.

I had the honor of interviewing Dr. Joann Lohr, past president of the Society for Clinical Vascular Surgery and the American Venous Forum, about the importance of inspiring and communicating a shared vision as a component of leadership.

Q: We tend to learn a lot about leadership through observation of others. As you think about role models you desire to emulate, what aptitudes come to mind as being most important and why?

A: I think the people who have been the most important to me were those who always put the patient first, even when it was not always convenient or comfortable for them. They would do things to accommodate patients from a scheduling standpoint or, if needed, as an emergency without any complaint, remembering that every time the beeper goes off or the phone rings someone is calling for your assistance and help. Those surgeons who maintained this outlook along with technical excellence were very attractive role models and mentors. One of them said, "If it does not work when we are here now in the OR, it is not going to work later. Whether it is a port, a catheter for a cancer patient, a dialysis line, a dialysis access graft or a distal bypass, this is the patient's life and limb that we are talking about. They deserve our best effort." Those who maintained academic curiosity, went to meetings, exchanged information, continued to read and tried to stay current were the best role models. My mother was a teacher and she always said, "If you are not learning, you are dying."
Q: Which leadership skills give the ability to adapt and change?

A: The changing political and professional climate has been a challenge. The different styles of practice and the needs of the community have in some ways been easiest for me to accept, but when it comes to quality care, it takes real leadership NOT to, than settle for a less than perfect situation or outcome. As surgeons we want perfection, but as human beings we have flaws, and sometimes it is hard to acknowledge those flaws in others and in ourselves. Listening to and appreciating the viewpoints of others, for example, do not seem to go with the surgical personality very well. I have always tried to hold myself to a higher standard than I hold others to. As a Chief Resident in surgery I was responsible for the call schedule for the entire year. As the only female in the Residency Program, this was also highly scrutinized. I posted the schedule with a running tally for the year and made sure that I had one more Friday, one more Saturday and one more holiday than anyone else so that I was not viewed as playing favorites or being unfair. Being completely transparent and willing to work hard made it easy for everyone to accept. We model the way in leadership by sticking to our voiced values and holding yourself to a higher standard for everyone to see. We are not perfect, but everyone can see us trying to be.

Q. For those on the learning path of leadership, are there one or two practical pieces of advice you can provide that may save time and discomfort?

A: I think that the ability to compromise is not one of my strengths and sometimes it is very difficult to be inclusive of everyone and their viewpoints. If you always strive to expect more from yourself than others, you can lead by example and hold yourself to the highest standard. The best mentors helped open doors and gave me the confidence to walk through them. Leaders and mentors are all around us every day, and they are not always surgeons! We have to be open and receptive. The operating room techs and the orthopedic PAs were some of the best and most important mentors. They clearly had more knowledge about everything than I did early on. "Just hold out your hand and take what we give you. We’ve done his cases for 20 years. We will make you look good." This was just one conversation during my surgical internship. I will forever be grateful to all those who helped me so much in the early years. It is never clear how far our actions and words can reach. Always take the time to explain your decision-making and treatment plans to those who want to learn, no matter what level, specialty or role. It makes the care our patients receive that much better. Be approachable to all. Be kind even when you are frustrated. Be engaged.

Q: As you think about the future of vascular surgery and vascular health of the population, how can SVS members best position themselves to lead effectively?

A: My grandfather had a saying, "if you don't vote, you cannot complain. Be involved and get involved in things that matter most to you." Going forward, I think it is very important that we stay current and that we use technology as a tool and not as a replacement for care. We must spend time with our patients and we need to listen. We should consider new treatment options and learn them as they come up as well as learn how to apply them and when not to apply them. We need to be respectful of our patients’
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and the community's resources. We need to value our outcomes from a patient's perspective. We need to avoid being overly influenced by industry, government, insurance industries and payment. We need to keep our focus on remaining human and compassionate for the human beings in our care and maintain our compassion for the human condition.

Q: How can SVS best support its members to lead change in the health care system and in their own practices?

A: As an organization, I think the SVS can participate in consensus-building and the development of evidence-based treatment paradigms. Building teams that include other specialists and not just the SVS is important. We need to analyze outcomes and results as well as expense and cost. Just because we can do something from a technical standpoint does not mean we should, and it may not be in the patient’s best interest. We always need to be patient-focused and do the right thing for every patient every time.

An example of an interesting leadership experience goes back to my time as a chief resident, when laparoscopic procedures were just starting to be performed. I presented laparoscopic cholecystectomy as a grand round project in 1988, and was criticized by everyone in the room except for two surgeons who were my role models and leaders. One was Dr. George Just, a cardiothoracic surgeon, and Dr. William Maloney, a vascular surgeon, both in Detroit. They told me what I presented that Saturday morning would change the practice of medicine going forward. In looking back over more than 30 years of practice, I think more of their wisdom now than I did even at the time as I have seen medicine and the practice of medicine continue to change. The minimally invasive and endovascular revolution has arrived. I think that as we go through life we are always learning from every direction. We need to try to take the best forward, incorporate that in our style, continue to grow in our professional development and be willing to share with others what we have learned.

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