



Leadership: Spotlight on Frank Pomposelli, MD

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Barry Posner and James M. Kouzes' "The Truth About Leadership" describes 10 critical "truths." In this latest column highlighting the evidence-based behaviors and attributes that define great leadership, we focus on "you either lead by example or you don't lead at all."

Q: Everyone's leadership journey begins somewhere. What was it that inspired you to want to lead?

A: I started my practice in 1987. The chairman of surgery at the time was a great leader. While working with him, I had the opportunity to see how he interacted with physicians and administrators. I admired the way he handled himself. Academically, I was lucky to work and train with surgeons who were great leaders, some of them inspirational leaders. I tried to model the way I interacted with residents, medical students and fellow faculty in the same way. There is a practical side as well. If you're not leading, then someone else is going to be doing it. In a lot of hospitals, if you're busy and outspoken about your concerns, which I certainly always was, they recruit you to help solve the problems.

Q: You mentioned that you worked with Frank LoGerfo. Is there a pearl of wisdom from him that you would like to pass along?

A: I think the most important piece of wisdom that Frank gave me, that I always adhered to, was that it's very important to know who you are and be that person. I'm sure you've seen where people are in leadership and you get the sense they are almost acting the role. I think people can tell when leaders are real or phonies.

Q: What leadership skills do you rely on for day-to-day success and where did you learn these skills?

A: I never had any formal leadership training. I saw qualities I liked in people who led me and I tried to emulate those. Leaders fall into three broad categories. Bad leaders lead by fear and intimidation. Good leaders are persuasive. Truly great leaders lead by inspiration.

The first part of inspirational leadership is leading by example. Great leaders don't ask people to do things they wouldn't do themselves. I've tried to be that kind of leader. When I first started in my current position, I was the only vascular surgeon, which was a tremendous change from being part of a big vascular surgery program. I did a lot of operating. People could say, "This guy's the real deal. He's not some guy sitting in an office working on his computer all day. He's a real surgeon." To be a surgical leader you first have to be a surgeon.

You also need to interact well with people. I treat everybody the same whether it's the guy sweeping the floors or the hospital president. Treat people the way you want to be treated. Have a little humility no matter how high up the ranks you go.

Be prepared when you go to meetings and know what you're talking about. Be honest. If you don't like something, say you don't like it. I think being memorable to people is also important. You remember what good leaders tell you and the lessons that they taught you. Being more of an inspiration to people than just the boss is how I try to do it.

Q: For those who are just starting out, what skills do you think are critical to successful leadership and are there personality traits or behaviors that are more conducive to success?

A: For the young surgeon just starting out in practice, I think the first thing they need to do is concentrate on developing their practice, developing their academic career, and so forth. Some of the things all great leaders share is they have to be good communicators, be personable and become risk-takers. Leaders are not afraid to take a risk and, at the same time, be one of the first ones to admit when they make a mistake.

Q: What do you wish somebody had told you early on in your leadership development that would have been very valuable?

A: The most important thing someone could have told me personally is: shut up, say less and listen more. I am direct and outspoken and there's no question that, over the years, I made some colossal mistakes as a result. Learning to be a better listener was something I wish someone had told me early on.

Q: What do you regard as your best leadership success to date?

A: That is a hard question to answer. I'd say the thing I was most proud of was becoming chief of vascular surgery at Beth Israel Deaconess. That was an aspirational goal along with becoming professor of surgery. On a practical side, there are two other things. One is that I pushed forward into the endovascular era at a time when there was a lot of resistance to it. That proved to be transformational both in my own practice and for our division at the time. My other great leadership accomplishment is when I run into former fellows and they tell me how the lessons I taught them were so important and how they remember them and how much they appreciate them. When fellows come up in meetings and say, "You taught me so much! I'm so appreciative of what I learned from you," then that's the pinnacle as well. When those who have achieved more academic and clinical success than I have tell me these things, it makes me feel like I must have done a few things right along the way.

Q: When you think of the SVS, what do you think its role might be in creating vascular leaders?

A: We have a mentorship program for young people, medical students, general surgery residents, vascular fellows, but we probably need a mentorship program for people who are entering their midcareer and start assuming leadership roles. They have the E.J. Wiley Traveling Fellowship where people travel around and see what's going on in other places. Maybe we could create something similar where people could come and spend time with people, not so much in their role as a vascular surgeon, but in their role as a leader, mentor and role model.

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