“The Truth About Leadership,” by Barry Posner and James M. Kouzes, describes 10 critical “truths” about leadership. In this latest column highlighting the evidence-based behaviors and attributes that define great leadership, we focus on “The Best Leaders are the Best Learners.”

Q: What propelled you into choosing vascular surgery as a career? And being a lifelong learner, who provided you with the guidance to move forward with your career trajectory?

VK: I gravitated to medicine early; my godfather is an anesthesiologist and I think that influenced me. Once I was accepted into medical school at Jefferson, I gravitated to surgery. The first operation I saw was an open aortic aneurysm operation performed by a general surgeon at a community hospital in 1986. He was very skilled, and I thought “wow, what an amazing operation; how does one do that?” As I moved on to Massachusetts General Hospital, where I trained in general surgery, I had multiple mentors, including senior residents and faculty, but Rich Cambria was the biggest influence. Rich is larger than life, up close and also on the podium at meetings. He had a huge impact; especially as I moved into the fourth and fifth years of residency where I had the opportunity to scrub on intricate procedures with him. In addition, he shepherded me through writing papers that launched my interest in vascular surgery and an academic career.

Q: As you progressed, can you describe key educational experiences and how each affected your future career decisions, particularly as they relate to leadership principles?

VK: The environment at UCLA was very supportive during my fellowship. Wes Moore and William Quinones-Baldrich were my role models and had a big impact on me in many areas: my clinical approach to patients, the way I think and write research papers and the way the faculty interacted with trainees. I was at the Cleveland Clinic for eight years at a very interesting time. I was surrounded by a wealth of unbelievable talent and academic prowess: Ken Ouriel, Norm Hertz, Dan Clair, Roy Greenberg, Sean Lyden, Tim Sarac, Matt Eagleton, along with the rest of the faculty. This was a very formative time for me academically. In addition, I’ve found that, particularly in large metropolitan areas where there is some competition — and quite frankly I think you want some competition as it makes one try harder and sharpen the saw, if you will – that old quote from Seven Habits (to be true): sharpen the saw to make sure you’re really at your top level to take care of patients.

Q: Based on your exposure to various leadership styles, what works for you? Or better stated, do you tend to focus on one leadership attribute compared to blending your approach based on the situation?

VK: Some of the most impressive leadership that I encountered was during my active duty in the Air Force. I’ll give you one story: There was an old colonel who ran the hospital. Every day he would walk around the hospital, and if he saw
something that wasn’t working, such as a light bulb, or if something was missing, such as a chair or cushion, he would stop and fix it. He was beloved. He wasn’t an easy guy, but he was completely committed to making the working environment good for everyone, not just for the physicians, or the staff, or the patients, EVERYONE… so that’s an example of leading from both the front, and behind the scenes, which I hope that I espouse. I want to make sure that I take call equally with my partners. We joke about how most of us are “loading the trucks,” and I want to make sure that I am spending as much time helping “load the trucks” as everybody else, because 90 percent of what we all do, be it in private practice or academics, is taking care of patients. And that’s whether you’re a junior staff member, or the chair of the department.

I think the other leadership skills I’ve learned – well, some came from surgeons, but many came from non-surgeons. I took two formal leadership courses including one at the Case Western Weatherhead School. What I learned was I had very little formal training in some areas. The most impactful had to do with emotional intelligence and I think that’s something, in general, that physicians, especially surgeons, are poorly equipped with. Most surgeons are “take charge” kind of people, dictating the steps in a patient’s care, including conducting complicated procedures. I learned I didn’t have great listening skills or situational awareness and understanding of my impact on other people. I want to think I have improved, but it is a continuing, aspirational goal.

Q: How have you addressed this challenge?

VK: I think the hardest challenge, and this is true for most leaders, is to know when there’s a problem, and more importantly when to act on that problem. I think almost every day leaders at every level will get emails or phone calls about an issue, and the issue is never “you’re doing a great job, just wanted to say hello,” it’s always: “Dear doctor, we have this issue” or “this patient had this very bad experience” or “such-andsuch patient had a poor outcome and we’re looking to see if there were problems with standard of care,” etc. … The most challenging part of leadership, especially in today’s day and age, is to recognize the problem and act. Sometimes those actions are not very pleasant. Many involve repercussions for an individual and may have repercussions even for you as the leader. This is where training needs to be expanded.

Q: Taking this leap into leadership, what has really humbled you as chief of vascular surgery?

VK: The aspect of losing valuable people of your team. That’s been the most humbling thing. And you lose people for different reasons. Clearly, fiscal issues are one, either the expectation from the institution or the expectation from the individual. The second issue relates to long-term trajectory of a person’s career and whether one has the resources to facilitate this career aspiration and getting that person there. And finally, sometimes expectations and goals just can’t match up. Losing people is still hard for me.

Q: How does one lead in today’s challenging environment, balancing pressures of clinical productivity with academic proficiency?

VK: I think there’s an even bigger balance – people call it work-life balance, but it’s really life balance. I’m trying to learn and to get better. There are only so many years that your children are at home and that you get quality time with your significant other. You have to really live in the present. In addition, I’m trying to be more aware of and empathetic of others. We’re at a tipping point with health care in America, which has become so expensive. It has gotten to the point that at some juncture, something’s going to have to give. Thus, managing contraction, at least on a fiscal side, will be a challenge. I think most institutional leaders, whether the president of a hospital or a dean of a university, will look at surgeons as those who deliver targeted surgical care for patients, in a cost-efficient and very high-quality manner. Thus, the challenge is to ensure balance in academics and clinical productivity. I think for vascular surgeons, at least in my group, the focal point is clinical activity, e.g., being productive clinically, having very good outcomes, and being known for a particular area in vascular disease. We then dovetail that clinical expertise with academic productivity, whether that be retrospective studies or reviews. If one is fortunate to get involved with prospective studies related to that area, individuals can contribute to the literature in that area of expertise. I believe clinical trials will continue to be a very important area for academic surgeons to be involved in and lead.

Q: Final words?
VK: We’re seeing vascular surgery progress, meaning we have new innovative technologies that help patients and that are being developed on a routine basis! We’re attracting some great, bright, young energetic people, and the 0-5 programs clearly have been an impact. When we look back at 2018, we will say “wow – we were living some good times.” I believe it will only get better!

Article Date: Friday, December 14, 2018
Author: BY MARK HIRKO, MD, FSVS ON BEHALF OF THE LEADERSHIP DEVELOPMENT AND DIVERSITY COMMITTEE
Tags: Vascular Specialist
Article Type: Article