



Leadership: Strengths and weaknesses of team members

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BY CHERRIE ABRAHAM, MD

Audra Duncan, MD, is professor of surgery at the University of Western Ontario in London, Ontario, Canada, and vascular surgery division chair since 2016. Prior to being named chair, she was on the faculty at the Mayo Clinic in Rochester, Minnesota. Duncan has led multiple educational and research committees, including as program director of the Mayo Vascular Surgery Residency and Fellowship; chair, Institutional Review Board; and chair of the American Board of Surgery Vascular Surgery In-Training Examination Committee.

This discussion continues our interviews with prominent vascular surgery leaders based on topics from “The Heart of Change,” by John P. Kotter and Dan S. Cohen. We specifically address topics in chapter three and the theme of “Building the team: How to evaluate team members’ strengths and weaknesses.”

## **When the team is not a team**

*“A common problem is that those who should be driving change are not doing their job.”*

### **Q. What advice can you give potential leaders who encounter these kinds of individuals? Is there a right or wrong approach?**

A. I've found the best approach is to first figure out “why.” In many cases, especially with young individuals who are charged with complex projects, they may not realize the time required, the impact on their practice or their family/life balance. Rather than accusing, it's best to start with trying to understand the root problem for a team member not doing his or her job.

## **Putting together an effective team**

### **Q. What advice can you give early-to mid-career leaders to help them best determine their team members’ strengths and weaknesses?**

A. Communicate as frequently as reasonable. I check-in with extended team members (OR [operating room] staff, nurses, trainees, other faculty) weekly. This allows me to understand how my core team of staff is performing, and what members’ strengths and weaknesses are. Just by keeping my ear to the ground and being approachable have allowed me to learn so much about the people I work with in order to understand what I can do to direct the team.

**Q. Is there value in partnering team members with obvious strengths with team members with obvious weaknesses, or is that counterproductive?**

A. In vascular surgery, generally the core faculty is such a small group that I haven't used this technique *per se*. However, I would advocate for that process if I had concerns about a weak team member.

**Q. What is your approach to improving team members' weaknesses and how do you handle difficult conversations, especially with younger, more impressionable faculty?**

A. I am usually fairly straightforward, because everyone is short of time these days. I typically find there is a reason for the weakness (i.e., a drop in clinical productivity may be due to a difficult family situation), so I first try to address that. In many cases just offering an opportunity to discuss life stresses can result in positive change.

**Q. What are the most common weaknesses you have observed in younger faculty?**

A. Difficulty managing time challenges. Our hours are as long as ever, but work-life balance has a different priority than in the past. Younger faculty have a hard time saying no to anyone and it results in work overload, stress and decreased wellness.

**Q. Do you actively implement a strategy or program to improve a glaring weakness? What kind of timeline to demonstrable improvement is appropriate?**

A. I start with a focused meeting, discuss the problem and outline the plan. Then I write up a follow-up email to confirm our discussion and reiterate the expectations. No matter what the issue is, I would check in again about progress in two to three weeks, because allowing too much time to pass often diminishes attention to the problem.

**Q. What are the main characteristics you like to see or help develop in a valuable team member?**

A. Approachability and empathy. I think it is impossible to be a good team member unless you can communicate well with your team and you can see others' points of view.

### The mechanics of meetings

*"Teamwork, and the underlying feelings of trust and emotional commitment to others, can be undercut by many factors. Individuals who aren't team members or who aren't trustworthy can destroy a group."*

**Q. What is your best advice on how to deal with an individual who is not a team member and is causing strife between team members?**

A. Addressing the root cause is a first step. I advocate for a direct approach, being straightforward but not judgmental or accusing in a one-on-one meeting. Giving the team member a focused task that allows him or her to work alone can also be helpful to add value to the team without disrupting other members.

**Q. What is the most effective meeting format? Free discussion with team members voicing different opinions, or approaches? Sticking to a premade agenda?**

A. I don't like meetings without an agenda! However, depending on the group size, I think it's important to allow members to speak freely as long as we stay on time and on topic. I also think it is important to adhere to start and stop times for meetings, out of respect for everyone's busy schedule.

*Cherrie Abraham is director of the aortic program at the Knight Cardiovascular Institute, Oregon Health and Sciences University (OHSU), Portland, Oregon, and associate professor of surgery in the division of vascular surgery at OHSU. This interview was conducted on behalf of the SVS Leadership Development and Diversity Committee.*

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Published on Society for Vascular Surgery (<https://vascular.org>)

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**Article Date:** Wednesday, January 1, 2020

**Author:** Re-posted from the January 2020 issue of Vascular Specialist

**Tags:** Vascular Specialist Tags

**Article Type:** Article