 ISSUES IN PROFESSIONAL PRACTICE

CLINICAL LEADERSHIP

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SERIES FOREWORD

*Issues in Professional Practice* (IIPP) is an occasional series of booklets, published by the Association of Surgeons of Great Britain and Ireland, to offer guidance on a wide range of areas which impact on the daily professional lives of surgeons. Some topics focus on clinical issues, some will cover management and service delivery, whilst others will feature broader aspects of surgical working life such as working abroad, education and the law. The Association hopes that this publication, and the others in the series, will provide concise advice and guidance on major current issues, and grow into a helpful and accessible resource to support your professional practice.

This booklet focuses on the subject of *Clinical Leadership*, and has evolved from a number of symposia at the ASGBI International Surgical Congress and ATMS Annual Military Surgery Conference over recent years. Both ASGBI and ATMS recognise that members need the opportunity to develop their leadership knowledge and capability. In ‘*Aspiring to Excellence*’ [1], Professor Sir John Tooke stated; "*The doctor’s frequent role as head of the healthcare team, and commander of considerable clinical resource, requires that greater attention is paid to management and leadership skills regardless of specialism. An acknowledgement of the leadership role of medicine is increasingly evident. Role acknowledgement, and aspiration to enhanced roles, be they in subspecialty practice, management and leadership, education or research, are likely to facilitate greater clinical engagement"."

There is no black art in leadership, it can be learned, practised and polished by anyone who is prepared to make the effort, as is the case with any other aspect of our professional life. Whilst researching this booklet, it was found that books on leadership abound with the authors coming from a variety of backgrounds; business, sport, military, education, the outdoors, clergy, politics, etc, etc, but conspicuously not often from the field of medicine. Thus, the need for this publication as an aid to helping surgeons - in both civilian and military settings - to become better leaders and, in so doing, improve the quality of care that their patients receive. Perhaps this ‘pocket book’ will also inspire one of our members to pen a definitive text?

Whilst ASGBI and ATMS are, of course, principally concerned with surgeons, for the purposes of this publication we define “clinicians” as medical, nursing, allied health and paramedical staff; in fact anyone with a clinical patient care role.

Suggestions for potential topics for future titles in the *Issues in Professional Practice* series would be gratefully received.

--

Mr John Moorehead
President
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FOREWORD TO CLINICAL LEADERSHIP

“The first thing a young officer must do when he joins the Army is to fight a battle, and that battle is for the hearts of his men. If he wins that battle and subsequent similar ones, his men will follow him anywhere; if he loses it, he will never do any real good.”

Field Marshal Montgomery, Memoirs (1958)

“The genius of a good leader is to leave behind him a situation which common sense, without the grace of genius, can deal with successfully.”

Walter Lipmann, Roosevelt Has Gone (1945)

From the first day of joining the military, trainees and young officers are taught to be leaders. They hone these skills throughout their careers. Some do better than others, but all are given the skill set. Understandably, there are many different styles, each appropriate to the differing situations, but all based on leadership skills. The overarching effect of the good leader is to be inspirational and take the team with them through complex and difficult issues.

We tend to focus at this time on management, but I contend that leadership is equally - if not more – important, especially in the modern medical world. Management without leadership can be oppressive, yet similarly leadership without good underpinning management can similarly go awry. The two are complementary and not exclusive. Just occasionally, you meet the infuriatingly able person who has both skills and then issues and problems within their grasp seem to disappear, there is a positive atmosphere and things get done successfully to the satisfaction of patients and staff. All are content.

I commend this Issues in Professional Practice booklet to you. Even if you do not think you will make a great leader, read it to understand how your inspirational leaders work and, thus, be able to work with them and support them, and perhaps you will just become that leader.

Surgeon Rear Admiral Alasdair J Walker, OBE, QHS, FRCS
Director Medical Policy & Operation Capability
Ministry of Defence
INTRODUCTION

“Education is not the filling of a bucket, but the lighting of a fire.”

W B Yeats

The Association of Surgeons of Great Britain and Ireland (ASGBI) was founded in 1920. The purposes of the Association are admirably encompassed by the original ‘mission statement’ of its founding fathers “…for the advancement of the science and art of surgery and the promotion of friendship amongst surgeons”.

The ASGBI Strategic Plan [2], amongst other objectives, aims to:

- Provide leadership in the pursuit of a unified voice for British and Irish Surgery.
- Further develop Continuous Professional Development (CPD) and Academic services for its members and prospective members.

To this end, the Association has forged Academic Partnerships with a number of universities providing CPD opportunities in leadership and management aimed at improving the leadership capability of surgeons and enabling them to lead within and manage the organisations in which they work.

Typically, it takes around 10 years post-graduation from Medical School to achieve the Certificate of Completion of Training (CCT), which provides eligibility for the individual to be placed on the specialist register. Pre CCT training is primarily concerned with clinical aspects as well as achieving a modicum of manual dexterity. At present, only limited attention is paid to the leadership skills required of a surgeon. Surgical teams require leaders who understand the needs of patients and can motivate and manage the team to meet those needs. Intuitively, those surgeons with self-awareness, insight and a positive mental attitude in the face of difficulty are most likely to achieve the best outcome for their patients.

It is widely held that safe surgery depends on good leadership, sound management and effective team-working, and it is on these that this booklet will focus; rather than exhaustively exploring academic theories of leadership. We will, however, recommend further reading for those who wish to explore the topic of leadership further.

Effective team working is inextricably linked to good leadership. Surgeons must be effective leaders if they are to achieve optimal
outcomes for patients and trainees and to minimise risk of harm - such as was experienced in well publicised cases such as Bristol:

“It should be the norm for surgical teams (the surgeon, anaesthetist, theatre nurses, operating department assistants) to have time together and with other teams, such as those in the ITU, to review and develop their performance as a team”.

Sir Ian Kennedy (Learning from Bristol) [3]

Many believe it is a truism that ‘Leadership Saves Lives’, and that surgeons must be equipped with leadership skills through leadership and team management education and training. This publication is presented as a concise ‘pocket guide’ and is intended to contribute towards that leadership education and to stimulate the reader to pursue continued professional development in the field of leadership.
WHAT IS LEADERSHIP?

“Leadership is the art of getting someone else to do something you want done because he wants to do it.”

President Dwight D Eisenhower

There are as many definitions of leadership as there are commentators on the subject, but the above quote from President Eisenhower is one of the most succinct. In researching for this publication we conducted a search, on Amazon, for books with ‘leadership’ in the title, and it revealed 167,826 results. Many of these books cover much of the same ground, which is perhaps not surprising, and the main differences of opinion are over the qualities, out of endless possibilities, that are essential to an effective leader.

Much is made of the nature/nurture argument about whether leaders are born or made. The most obvious answer is that some people find leadership a more natural state of mind than others, but that doesn’t necessarily make them better leaders than those who have to work at it a bit more. History is littered with examples of charismatic leaders who have led their followers to an outcome that has been neither what they wanted nor needed.

When people consider leadership, they will often think of the armed forces or politicians. Many people’s idea of good leadership is to study great military leaders or political leaders to try and emulate them. The problem with this technique is that everyone will draw-up their own highly individual list of attributes for a leader based upon these examples and, in all likelihood, it will be pretty near impossible to be competent at all of them. However, if you can understand the basic principles of leadership, you can then employ them in your own context.

There are many myths about military leadership and how easy it is to lead soldiers from within a system where you have the authority to give orders. John Lewis-Stempel, in his excellent book Six Weeks: The Short and Gallant Life of the British Officer in the First World War produced a prescient quote from Second Lieutenant Francis Snell, Royal Berkshire Regiment, a private tutor in civilian life, who in a letter about leadership in the trenches said:

...I have to deal with men whose response to noble impulses has been strong enough to make them give up their homes and everything they value, from motives that must be wholly unselfish...
One must not be weak or vulgar or toadyling, or showing off, or sickly sentimental of course, but neither would one be those things with one’s own social and military equals.

One may stand in relation to these men as a father or an elder brother, in some cases; but such relations exist between commissioned officers also. And quite as often the boot is on the other foot, even as officers and men. Nothing is more fatuous than the old military precept, that the officer must by every subterfuge keep up an appearance of omniscience, and that if he is ‘caught out’ or reveals his ignorance on any point, his hold over his men will be gone.

Any sort of bluff of that kind will be detected by these men in an instant and they will despise you for it; and serve you right too! They know what you are worth, and if you are fit to lead...

The purpose of including the paragraph above is that it is as relevant to surgeons as it is to soldiers and remains as relevant today as it was 100 years ago. It is a bit of a cliché, but it is true that the more effort you put into leadership, the easier it becomes. Leadership is a bit like luck; as Thomas Jefferson, 3rd President of the United States of America, said, “I’ve noticed that the harder I work, the luckier I get!”

A useful exercise to undertake at this point is to think of one person who you know personally and whom you respect as a leader, and make a list of the qualities that you most admire in them.
THE PRACTICE OF LEADERSHIP

“Leaders aren’t born, they are made. And they are made just like anything else, through hard work. And that’s the price we’ll have to pay to achieve that goal, or any goal.”

Sir Clive Woodward

What does a leader have to do to be considered effective? The most effective leaders are not necessarily the most popular, and able leaders understand that you cannot make an omelette without necessarily breaking some eggs. However, there is a balance to be struck between popularity and effectiveness, and it is probably easier to lead if you are liked as well as respected, but it would be a mistake to court popularity. In order to be a leader of a team, you will have to carry out particular functions in order to get things done and to manage the team.

Effective leaders are proactive and shape ideas, rather than react to events. They look for new ways or methods to do things and they ensure the team has the resources necessary to maximise performance. They recognise when it is necessary to step forward and lead from the front, and they also recognise when it is more appropriate to stay in the background and let others lead.

The function of leadership involves:

- **Planning**
  This will require many skills. It will include setting a vision, setting goals and objectives.

- **Communicating**
  You must brief your team on the goals and explain the key issues behind the project or vision.

- **Controlling**
  Having put plans and schedules in place, a leader will then need to monitor and control any deviations from the plan.

- **Evaluating**
  A leader will need to evaluate strategic options and the various risks involved. He or she will also need to evaluate the efficiency of the team.
Table 1: The Four Stages of Leadership

<table>
<thead>
<tr>
<th>STAGE 1</th>
<th>STAGE 2</th>
<th>STAGE 3</th>
<th>STAGE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are we going to do?</td>
<td>How are we going to do it?</td>
<td>Do it</td>
<td>How well did we do?</td>
</tr>
</tbody>
</table>

**CONSIDER THESE ISSUES**

| Ideas, problems or issues to be resolved | Feasibility of the objective, outcome and plan | Delivery of the specified outcome | Obtain feedback. What went well, what went not so well? What would you do differently next time? |

**TAKE THIS ACTION**

| Set quality and quantity objectives | Plan and schedule resources | Implement plan | Evaluate results |

Table 1 is adapted from David Kolb’s four-stage experiential learning model [5], which itself draws on the work of the American educationalist and psychologist John Dewey (1859 to 1952).
HOW TO LEAD EFFECTIVELY?

“Leadership cannot really be taught. It can only be learned.”

Harold S Geneen

There are some hard and fast rules about what will make you a good leader as a surgeon. For example, it is essential that you are professionally capable, demonstrate integrity and are trusted by your team. Few people will be brilliant in all areas listed below, but it is necessary to be aware of the qualities needed to be an effective leader and to seek to achieve a level of competence in each. When you have examined this list, compare it with the list of qualities of someone whose leadership you admire and respect which you prepared earlier. An ideal clinical leader is someone who:

• Has acknowledged expertise in their profession.
• Is a good role model.
• Looks and acts the part, has integrity, is respected and trusted.
• Promotes causes with passion and evangelical zeal.
• Is aware of their own and their team’s strengths and weaknesses.
• Is a good listener and willing to encourage contrary points of view.
• Is governed by evidence, appreciates detail and can prioritise effectively.
• Is well organised, well prepared and punctual.
• Is calm in a crisis, acts logically and decisively.
• Has empathy, is persuasive and a motivator in dealings with patients, relatives, staff and the public.
• Is cooperative with partners, other teams, etc.
• Is a creative thinker and has a good imagination.
• Challenges team members to extend their boundaries and capabilities.
• Communicates confidently and delegates effectively.
• Gives clear direction, sound guidance and sensible advice.
• Has a good sense of humour and is able to laugh at self.
• Is focussed on, and celebrates, success and is happy for others to take credit.
• Prepares and shares short, medium and long term plans with ‘SMART’ objectives:

SMART objectives are:
• Specific: target a specific area for improvement.
• Measurable: quantify or at least suggest an indicator of progress.
• Assignable: specify who will do it.
• Realistic: state what results can realistically be achieved, given available resources.
• Time-related: specify when the result(s) can be achieved.

The list above looks rather daunting, and the reader might be excused for thinking that the ideal leader would be a cross between Admiral Lord Nelson, Mother Teresa, Dr Martin Luther King and Sir Winston Churchill! There are people who are naturally better leaders than others but, as we know, like any other skill, leadership can be improved with study, practice and hard work. However, an important feature of the above list is that - aside from professional competence - most of the qualities are emotional competences and illustrate the view that it is emotional intelligence (EQ) which is the most important quality to be found in an effective leader and team member. There is a strong argument that EQ is at least as important, if not more so, than IQ or, to put it another way, attitude is more important than knowledge and skills. To paraphrase the American psychologist and philosopher William James, “Attitude determines altitude”.

An individual will often go through stages of development of leadership, perhaps as is described below:

• **Directing**
  This is often appropriate where there is a chain of command, as in the armed forces. The style can range from extremely forceful to a little more persuasive in terms of explaining the reason behind a decision. This style is very useful when someone in the team begins a new job, as, at this stage, considerable direction is required and a mentoring or coaching style can be introduced slowly.

• **Mentoring**
  This approach uses the experience of an individual to develop the novice. The mentor is not on hand every step of the way, but is available to dispense advice to solve an immediate problem until the next time. This approach is slightly more detached than coaching. Finding a mentor is not as easy as it sounds. They can be a rare breed. Rather than individuals
having to find them, a good leader will set up a system of mentors and encourage individuals to use them. Naturally, a team leader would act as a mentor for the team. Others, at operational and strategic level, may be harder to find. If you are at the top as a leader, it will be up to you to organise a meeting of operational leaders in order to discuss mentoring. Amongst these operational leaders there should be some who already have experiences of mentoring to share.

• **Coaching**
  The coach takes ‘help’ a step further. He or she encourages the person to think about what they are doing and is not there to provide a solution. It is the coach’s job to train the person and gradually improve their leadership and management knowledge so that he or she will be able to move to the next stage of delegation. To do this they may be introducing project management skills, time management skills and leadership skills.

• **Delegation**
  When a person has acquired the necessary leadership, project and time management skills, they will be in a position to delegate tasks to an individual with confidence. Naturally, the act of delegation is a training process in itself. There will be no ‘magic’ point when the person is ready, as they will always be gaining experience.
A LEADER OR A MANAGER?

“Managers do things right; leaders do the right thing.”

Warren Bennis

What is the difference between a leader and a manager? Are the attributes for each the same? Many would argue that most managers are also leaders or potential leaders. Many leaders may have been managers. Others might argue that there is very little difference. One school of thought maintains that managers are concerned with ‘things’, whilst leaders are concerned with ‘people’. Ideally, all managers should be leaders by virtue of managing people but, unfortunately, that is not always the case. A leader is much more than the appointed head of a group of people; he or she has to motivate individuals so that they follow the vision he or she sets out, which requires them to have a vision, however modest it might be. The following Table 2 demonstrates some of the differences that may exist between a leader and manager. The list is not exhaustive, and is not meant to be derogatory about managers, but it does give an indication of the different behaviours that each may display. More importantly for the purposes of this booklet, it defines the type of behaviours that are definitely required of a leader.

Table 2: Leader or Manager?

<table>
<thead>
<tr>
<th>LEADER</th>
<th>MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will ‘coach’</td>
<td>May ‘tell’</td>
</tr>
<tr>
<td>Encourages, motivates and gains trust</td>
<td>May try to rule by force or fear</td>
</tr>
<tr>
<td>Uses “we”</td>
<td>Uses “I”</td>
</tr>
<tr>
<td>Seeks feedback to improve own and team performance</td>
<td>Gives feedback to subordinates</td>
</tr>
<tr>
<td>Uses challenge as an opportunity to coach</td>
<td>Does not seek to be challenged</td>
</tr>
<tr>
<td>Looks for solutions and expects mistakes</td>
<td>May cultivate a blame culture</td>
</tr>
<tr>
<td>Shows how to do it</td>
<td>Tells what should be done</td>
</tr>
<tr>
<td>Influences</td>
<td>Asserts authority</td>
</tr>
<tr>
<td>Considers options and contingency plans</td>
<td>Follows the usual process</td>
</tr>
<tr>
<td>Creates and sustains activity to achieve a vision</td>
<td>Helps to get there</td>
</tr>
<tr>
<td>Considers method</td>
<td>Consider processes</td>
</tr>
<tr>
<td>Is flexible in their approach</td>
<td>May be more rigid</td>
</tr>
<tr>
<td>Looks forward</td>
<td>Sticks to the tried and tested</td>
</tr>
<tr>
<td>Recognises and rewards good performance</td>
<td>Leaves that to others</td>
</tr>
<tr>
<td>Develops the team</td>
<td>Focuses on getting the job done</td>
</tr>
<tr>
<td>Provides latest information</td>
<td>Will, when required to do so</td>
</tr>
</tbody>
</table>

Table 2 is adapted from Warren Bennis [6].
A LEADERSHIP MODEL

“Leadership is a performing art, a collection of practices and behaviours rather than a position.”

Kouzes and Posner

Kouzes and Posner interviewed more than 1,300 middle and senior managers in private and public sector organisations and asked them to describe their ‘personal best’ experiences as leaders. Analysing the data collected, Kouzes and Posner constructed a model of leadership. They posited that effective leadership relates to the practices of the leader, rather than individual personality. Northouse summarises their model as consisting of five fundamental practices that enable leaders to get extraordinary things accomplished. He describes the five practises thus:

- **Model the way**
  To model the way, leaders need to be clear about their own values and philosophy. They need to find their own voice and express it to others. Exemplary leaders set a personal example for others by their own behaviours. They also follow through on their promises and commitments and affirm the common values they share with others.

- **Inspire a shared vision**
  Effective leaders create compelling visions that can guide people’s behaviour. They are able to visualise positive outcomes in the future and communicate them to others. Leaders also listen to the dreams of others and show them how their dreams can be realised. Through inspiring visions, leaders challenge others to transcend the status quo, and to do something for others.

- **Challenge the process**
  Challenging the process means being willing to change the status quo and step into the unknown. It includes being willing to innovate, grow and improve. Exemplary leaders are like pioneers, they want to experiment and try new things. They are willing to take risks to make things better. When exemplary leaders take risks, they do it one step at a time, learning from their mistakes and experiences as they go.

- **Enable others to act**
  Outstanding leaders are effective at working with people. They build trust with others and promote collaboration. Teamwork and cooperation are highly valued by these leaders. They listen closely to diverse points of view, and treat others with dignity and respect. They also allow others to make choices, and they support the decisions that others make. In short, they create environments where people can feel good about their work and how it contributes to the greater community.
• **Encourage the heart**
  Leaders encourage the heart by rewarding others for their accomplishments. It is natural for people to want support and to be recognised. Effective leaders are attentive to this need, and are willing to give praise to workers for jobs well done. They use authentic celebrations and rituals to show appreciation and encouragement to others. The outcome of this kind of support is greater collective identity and community spirit.

In summary, the Kouzes and Posner model shown above, as summarised by Northouse, recommends what people need to do in order to be effective leaders. The five practices and their accompanying commitments provide a unique model for a leader that is not about personality; it is about practice, and can be adopted by anyone who wishes to improve their leadership qualities. What Kouzes and Posner are, in effect, saying is that appointment to a position of authority does not, by itself, make the post holder a ‘leader’. It is the behaviours that the individual demonstrates that will decide whether they are a leader.
“We are going to relentlessly chase perfection, knowing full well we will not catch it, because nothing is perfect. But we are going to relentlessly chase it, because in the process we will catch excellence. I am not remotely interested in just being good.”

Vince Lombardi

“Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues.

General Medical Council, Good Medical Practice (2006)

Many people claim to be in a team, where the members are interdependent, when, in fact, they are in a group and working independently rather than interdependently. There is a major difference between working interdependently as opposed to independently and, intuitively, it follows that that the former is likely to lead to improved patient safety and better outcomes. The differences between teams and groups are shown in Table 3. This table can be used as a template to measure the effectiveness of the team you lead or of which you are a member. In the same way that it takes a coach to turn seven, eleven or fifteen players into an effective netball, football or rugby team, it takes a leader to turn a group into an effective team.

**Table 3: Team versus Group behaviours**

<table>
<thead>
<tr>
<th>TEAM</th>
<th>GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decisions by consensus</td>
<td>Decisions often not made</td>
</tr>
<tr>
<td>Disagreements are examined and resolved</td>
<td>Unresolved disagreements</td>
</tr>
<tr>
<td>Objectives are well understood and accepted by the team</td>
<td>Objectives often not agreed</td>
</tr>
<tr>
<td>All members contribute ideas</td>
<td>Personal feelings are hidden</td>
</tr>
<tr>
<td>Self-examination of how the group is functioning frequently occurs</td>
<td>Discussions about how the group is functioning are avoided</td>
</tr>
<tr>
<td>Roles are understood by all team members</td>
<td>Individuals tend to protect their role and their niche in the group</td>
</tr>
<tr>
<td>Shared leadership occurs as needed</td>
<td>Leadership is appointed</td>
</tr>
</tbody>
</table>

Table 3 is adapted from Steve Kozlowski [9].
The key to effective team working is communication and, in that regard, team meetings are essential to agree objectives, to expose disagreements and resolve them by open discussion. These are the real hallmarks of effectiveness. This is a good point at which to reflect on how often you participate in team meetings and on how well led are those meetings? Even teams that hold regular meetings will achieve little if there is too great a power gradient between the leader/s and members of the team. Effective leaders will allow themselves to be challenged and respond in a constructive way in order to contribute to the personal development of their team members and for the sake of business improvement, which in the case of surgery means better patient outcomes.
WHAT, THEN, IS CLINICAL LEADERSHIP?

“Example is leadership”

Albert Schweitzer

Clinical leadership is not the same as military leadership, political leadership, spiritual leadership or corporate leadership, although this is not to say that there are no similarities between these various kinds of leadership. There are certain elements common to all types of leadership. Clinical leadership is a broad topic area, which is currently neither clearly nor consistently defined in the literature. However, many would agree that Clinical Leadership could be described as: The knowledge, skills, attitude and behaviours which ensure the optimum outcome for each patient for whom a clinician has responsibility and that fulfil their legal and ethical clinical governance obligations.

Clinical leadership is, therefore, essential to clinical governance and requires highly visible clinicians enacting espoused values and plans. The key practices associated with good clinical governance such as creating a ‘just’ culture, delegating and supporting accountability for improvement to individuals and teams, monitoring and improvement of care and services at all levels of the organisation, and identifying and addressing areas of key risk, cannot be realised without clinicians leading the involvement and support of their peers and colleagues. This will not happen by chance, but requires a planned partnership approach between clinical and non-clinical managers, facilitated by high level backing from Trust Chief Executives and boards, supported by organisational structures, resources and training. An investment in effort and time will be required. It has been suggested that transforming care for patients and staff is not possible without clinicians leading clinicians [10].

The Royal College of Surgeons of England recognises leadership as a key component in the modern surgeon’s skill-set. Building on their guidance The Leadership and Management of Surgical Teams (2007) and on the GMC publication Leadership and Management for All Doctors (2012), the latest English College guidance for surgeons, Good Surgical Practice (2014) stresses the requirement for surgeons to work collaboratively.

The surgeon’s role in ensuring adherence to modern safety protocols (such as the Safer Surgery Checklist) is emphasised, as are the communication skills required to lead a diverse, often changing, team whilst keeping the patient the focus of excellent care. Leadership of a surgical team requires setting and
maintaining standards, being mindful that individual surgeon’s behaviours must display courtesy and respect to others and those surgeons’ behaviours serve as a role model for junior doctors. The duty of candour reminds surgeons of their responsibilities to encourage a culture of safety, candour and constructive challenge in the team. Whilst modern surgery is often delivered by a complex team, *Good Surgical Practice* encourages us to ensure that shared and corporate responsibility does not interfere with, or diminish, the surgeon’s own personal professional responsibility to the patient. [111]
“Be an example to your men, in your duty and in private life. Never spare yourself, and let the troops see that you don’t. Avoid excessive sharpness or harshness of voice, which usually indicates the man who has shortcomings of his own to hide.”

Field-Marshal Erwin Rommel

There is a changing landscape in leadership, and the aim of this short *Issues in Professional Practice* booklet is to raise awareness about the real need for surgeons to focus on their leadership abilities as much as they do on their professional surgical skills. Those surgeons who are members of the ATMS have the significant benefit of being able to access world-class leadership training for which the British Armed Forces are renowned. Although the NHS has made progress in the development of clinical leadership in recent years, the onus remains on the individual surgeon to take responsibility for their own learning and development in this field, and we hope that this pocket guide will be of use to both groups.

The logic is simple; surgeons are expected to be leaders in their multi-disciplinary teams, and the effectiveness of that team will be the key factor in ensuring patient safety and in achieving the best possible surgical experience and outcome for that patient. Ultimately, the principal criteria by which clinical leaders should be measured are the quality of the performance that they produce from their team and the outcomes that they achieve for their patients.

There is no right or wrong leadership style, and the most effective style to use will vary according to the demands of the situation.

Key learning points that are useful to stress are:

- Effective leaders develop a wide range of competencies on which to draw, and know well their own strengths and weaknesses.
- Good leaders understand their role in the team and the contribution that is required from them at all times.
- Empathetic leaders know their team well and how to get the best out of each of them.
- Successful leaders read situations well, are able to adopt an appropriate leadership style and can use it to plot a course for the team through challenging circumstances.
- Great leaders create a great atmosphere in which to work. They understand that it is their attitude and behaviours that have the biggest impact on the team mood and that a good mood is more likely to produce good results.
• The questions that the reader should be asking of themselves now are, perhaps:
  ○ What have I learnt about myself as a result of reading this booklet?
  ○ What is my approach to leadership?
  ○ Do I want to change my approach, or reinforce aspects of it?

We will leave the final words to the former American President, 
**Theodore Roosevelt (1858 - 1919)**

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood, who strives valiantly; who errs and comes short again and again; because there is not effort without error and shortcomings; but who does actually strive to do the deed; who knows the great enthusiasm, the great devotion, who spends himself in a worthy cause, who at the best knows in the end the triumph of high achievement and who at the worst, if he fails, at least he fails while daring greatly. So that his place shall never be with those cold and timid souls who know neither victory nor defeat.”
As was mentioned at the beginning of this booklet, there are an almost impossible number of books and publications on leadership, and it can be confusing to know where to start. Thus, listed below is a selection of what might, for busy clinicians, be the more useful or interesting texts on leadership.

B Jackson and K Parry
*A very short, fairly interesting and reasonably priced book about studying Leadership*

K Grint
*Leadership: A very short introduction*
Oxford University Press (2010)

The SAGE Handbook of Leadership
Edited by A Bryman, D Collinson, K Grint, B Jackson and M Uhl-Bien
Sage Publications Ltd (2011)

W Bennis
*On Becoming a Leader*
Perseus (1994)

J M Burns
*Leadership*
HarperCollins (1978)

J Collins
*Good to Great: Why Some Companies Make the Leap and Others Don’t*
HarperCollins (2001)

J Gallos (Editor)
*Business Leadership: A Jossey-Bass Reader*

H Gardner
*Leading Minds: An Anatomy of Leadership*

J Gardner
*On Leadership*
The Free Press (1990)

T Peters
*Re-imagine!*
E Schein
_Organizational Culture and Leadership_

D Goleman and R E Boyatzis
_Social Intelligence and the Biology of Leadership_

J E Adair
_The Best of Adair on Leadership and Management_
Thorogood Publishing (2008)

J E Adair
_Effective Leadership: How to be a successful leader_
Pan Mcmillan (2009)

J E Adair
_Develop Your Leadership Skills_
Kogan Page (2007)

J E Adair with P Reed
_Not Bosses But Leaders: How to Lead the Way to Success_

D Goleman, R E Boyatzis and A McKee
_The New Leaders: Transforming the Art of Leadership_
Little, Brown (2002)

D Goleman, R E Boyatzis and A McKee
_Primal Leadership: Learning to Lead with Emotional Intelligence_

D Goleman
_Emotional Intelligence: Why it Can Matter More Than IQ_
Bloomsbury Publishing (1996)

S R Covey
_The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change_
Anniversary Ed.

S R Covey
_The 8th Habit: From Effectiveness to Greatness_

J Wooden and S Jamison
_Wooden on Leadership: How to Create a Winning Organization_

P G Northouse
_Leadership: Theory and Practice_
Sage (2010)
P Sadler  
*Leadership MBA Masterclass*  
Kogan Page (2003)

M Morrell, S Capparell and A Shackleton  
*Shackleton’s Way: Leadership Lessons from the Great Antarctic Explorer*  

D N T Perkins  
*Leading at the Edge: Leadership Lessons from the Extraordinary Saga of Shackleton’s Antarctic Expedition*  
AMACOM Div American Mgmt Assn (2012)

N Risner  
*“It’s a Zoo Around Here”: The New Rules for Better Communication*  

J Owen  
*How to Lead: What You Actually Need to Do to Manage, Lead and Succeed*  

V Lombardi  
*The Lombardi Rules: 26 Lessons from Vince Lombardi - The World’s Greatest Coach*  

Royal College of Surgeons of England  
*The Leadership and Management of Surgical Teams*  
(2007)
REFERENCES

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*Aspiring to Excellence: Findings and Final Recommendations of the Independent Inquiry into Modernising Medical Careers*
Medical Schools Council (2008)

[2] ASGBI
*Strategic Plan - 2010 to 2015*
Newsletter, Number 29 (March 2010) pp 2 to 10

[3] Professor Sir Ian Kennedy
*The report of the public inquiry into children’s heart surgery at the Bristol Royal Infirmary 1984-1995: Learning from Bristol*
HMSO (2001)

*Six Weeks: The Short and Gallant Life of the British Officer in the First World War*
Orion (2010)

*Experiential Learning experience as a source of learning and development*
Prentice Hall (1984)

*On Becoming a Leader*
Addison Wesley (1989)

*The Leadership Challenge: How to make extraordinary things happen*

[8] P G Northouse
*Leadership: Theory and Practice*

[9] S W J Kozlowski (Ed)
*The Oxford Book of Organizational Psychology*
Oxford University Press (2012)

[10] The Victorian Quality Council
New South Wales, Australia (2005)

*Good Surgical Practice* (2014)