

RAS

Developing leadership skills:

A resident's perspective

by Melissa Rader, MD, MPH

Editor's note: *The following is one of an ongoing series of articles written by members of the Resident and Associate Society of the American College of Surgeons. The series provides a forum for the concerns and needs of residents and young surgeons in all surgical specialties.*


The majority of physicians would likely agree that at some point in their lives, they have been labeled a “leader.” In addition to excelling in the classroom, physicians have found the time to be the captains of sports teams, presidents of clubs, and organizers of local volunteer activities. This ability to identify important issues and rally others to participate has made them stand out as they have traveled the path from college, to medical school, and finally to residency.

So now, as residents, do we still need those leadership skills?

The July issue of the *Bulletin* focused on

the future and challenges of surgical education. Ted A. James, MD, Chair of the Resident and Associate Society of the American College of Surgeons (RAS-ACS), highlighted the fact that it is necessary to develop essential nonclinical skills such as leadership, advocacy, and policy-making. These skills, in combination with our technical training, will help us tackle the issues that threaten surgery today and prepare us for possible challenges in the future.

What does leadership look like now from a resident's perspective? As a junior resident—especially with the hierarchical design of surgery programs—I look to my senior residents and faculty for leadership. I don't think that just because someone carries the title “chief,” it automatically makes him or her a leader. Just as with technical skills, there is a constant process of identifying those areas where individuals are deficient and setting defined goals and timelines to develop the leadership skills they need to obtain. Since not everyone can be a chief at the



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same time, there are areas where everyone, regardless of training level, can become involved, make an impact, and acquire those skills necessary to be a leader.

What defines a leader? Common descriptions of a leader include the abilities to communicate, motivate, adapt, act as a catalyst, have a vision, and align others toward a goal. John Kotter, Konosuke Matsushita Professor of Leadership, Emeritus, at Harvard Business School, defined leadership by what leaders do: they cope with change, they set direction, they align people to participate in that new direction, and they motivate people.* How do we, as surgery residents, develop these leadership skills?

Become active in your residency program

While we spend a considerable amount of time at the hospital developing our clinical skills, it is just as important to focus on nonclinical skills such as leadership. Getting involved at the lo-

*Kotter JP. *Leading Change*. Boston, MA: Harvard Business School Press; 1996.

cal level will probably have the most tangible impact. There are many opportunities at the level of the individual residency program and hospital for residents to be involved in decisions that specifically affect them and their patients, hospital, and training program. Such opportunities may involve serving as a liaison to a hospital-wide committee, serving on a resident council, or providing input into the graduate medical education requirements.

Residents are an important commodity in the hospital structure; never minimize the impact your input may have on how things are done or what path is taken. Another way in which residents can build upon leadership skills is by taking an active interest and role in the new resident interview process. Residents should make time to meet potential candidates and share their perspectives on the residency culture. These are the future residents who will carry on the traditions and reputation of residency programs.

Become active on the national level

Leadership training also takes place within a wider arena. An integral part of this nonclinical skill is learning how to disseminate information. Every day we discuss patient care, fascinating surgeries, and ongoing research with our fellow residents. We should be willing to share our interesting cases and research projects with those outside of our institutions by presenting at surgical conferences. Most conferences convene sessions specifically for resident presentations. These opportunities expand our ability to communicate with our peers and discuss cutting-edge topics.

At the national level, the easiest place for residents to cultivate leadership skills is through the RAS-ACS. This group, run by residents and young fellows in general surgery and other surgical specialties, works to provide a forum for discussion, represents the resident voice for the College, and promotes further education and training. These goals are met through several committees, symposia, and training courses.

Last year at the Clinical Congress in New Orleans, LA, I attended the Sunday residents' meeting and was impressed by the number of residents present and their depth of knowledge

on current surgical issues. I wanted to be involved and take some of that knowledge back to my own institution. I served on the RAS-ACS Membership Committee this year. What a remarkable experience to get to interact with other residents around the country and work toward a common goal. Although the changes made at this level might not directly affect an individual resident, they do have an impact on the practice environment that we will eventually enter.

Become active in training and education

Medical students are an untapped audience. They rotate through during their third-year clerkships without a clear idea of their long-term career goals. It is our responsibility as residents to provide mentorship to students interested in surgery and students planning on pursuing other fields.

In the July *Bulletin*, in “Teaching surgery to medical students: Perspectives from our mentees” (pages 48–53), several medical students provided comment on their surgical clerkship experiences. Each contributor mentioned role models, many of them residents, who shaped their view of surgery and the type of physician they wished become. Interacting with medical students is, in many ways, a pinnacle of leadership skills. Residents are required to translate many of the complexities of surgery to a more basic level and provide constructive critique of performance and skill. They also need to be able to demonstrate both correct surgical technique and proper patient interaction. Both the skills and the modeling of behavior will help medical students throughout their medical careers.

By becoming active in a residency program, at the national level and in the training and education of medical students, a resident can develop the leadership skills that can then influence education and training in addition to the care provided to patients. My residency, like many, is not a “democracy,” but residents can still have a visible impact as leaders, role models, and clinicians. Improving leadership skills allows individuals to convey opinions, teach concepts, and promote change effectively. These skills are not just for the future program chairs, but for any surgeon who wants to start their own practice, head a research study, or make changes in

institutional protocols. The most effective and influential surgeons are lifelong leaders who develop their skills early in their careers. □

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