Perspectives on Surgical Leadership: Panel Discussion at the Society for Clinical Vascular Surgery

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Leadership is a skill that all surgeons are confronted with in some capacity. Surprisingly, in the US most training programs do not offer a structured program in leadership and there certainly are no metrics used to assess leadership competency. As a response to this, at the Society for Clinical Vascular Surgery, a panel of leaders in vascular surgery both national and international along with leadership experts discussed some of the salient issues in this space. This article is the result of this discussion and serves as a good framework for understanding needs and current shortcomings of leadership training. (J Am Coll Surg 2025;240:313–322. © 2024 by the American College of Surgeons. Published by Wolters Kluwer Health, Inc. All rights reserved.)

Why is it so important to talk about leadership? Surgical careers are intimately linked to our leaders, insofar as careers can be empowered by a positive chief as much as a negative leader can derail the course of an individual. Despite its importance, leadership is not part of our traditional surgical education curriculum or early faculty development, at least not in the US and certainly not in vascular surgery. Recently, the Society for Vascular Surgery (SVS) has recognized this and engaged in some efforts to remediate the gap in knowledge, although it may be likely too late in the educational paradigm. At the Society for Clinical Vascular Surgery (SCVS) Annual Symposium in 2023, a session specifically designated to interrogate this space provided a broad discussion, which generated important discussions. These discussions underlined the disparity of appreciation for leadership concepts in vascular surgery.

Although our professional surgical societies recognize that leadership training is important, they have certainly not come out as strongly as other societies. The recommendations from the Royal College of Surgeons of England are unambiguous, surgeons should receive leadership and team management training. Additionally, the concepts should be introduced as early as possible to promote effective professional development.[1] The goal of a healthy transition from more *traditional perspectives* such as *leadership is a single personal attribute, I know my team members are happy with my leadership, the attending surgeon is in charge and cannot be challenged* to more *evidence-based* ones such as *leadership requires different skills to meet the needs of different people and situations, I need to check how I appear to other team members, attending surgeons and others expect us to challenge them when we are unsure.*[2]

Research indicates that leadership is a learned skill that can be developed through education and practice.[3] Medical schools and residency or fellowship programs in the US have not taken the necessary steps to provide this foundational education, instead we still rely on a Halstedian apprenticeship model for most of our training. Although a new graduate may be a competent surgeon, it is almost certain that leadership training was not part of their formal training. As a result, newly graduated surgeons often find themselves unprepared for university or hospital leadership roles.

In academic surgery, it is often the busiest or most self-promoting surgeons that are given leadership roles,

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whereas in the business world, companies use structured processes to identify leadership qualities by questioning and testing before offering leadership positions. This is exemplified by the US Marines where selecting leaders is almost exclusively driven by *trust* and *performance*. In simple terms, you can teach performance, but not trust.[4] We would submit that surgery is no different, trust in leadership should be *the* core principle. It is remarkable that in a high-stakes arena such as surgery that this is not commonly used. Surgeons are often seen as narcissists, and it should be clear to all this is not a positive trait. It is remarkable that in a high-stakes arena such as vascular surgery, screening for qualities that might lead to distrust among teams is not a method commonly used. Individual differences frequently associated with surgeons, like narcissism, should be assessed before a candidate is hired. Hiring the right person to lead a team is always the intended goal, but is the current selection process rigorous enough? How are applicants appropriately assessed to weed out potential narcissists? Is there a sufficiently robust standardized method to do so? Habitually, surgeons are not afforded leadership tools as part of their education, but if one did use a standardized process to identify leadership attributes, then at the very least it could validate a candidate's potential as a leader. This is not to forsake the persistent need for leadership development, it is simply a substantiation of promise. However, the current selection process for surgical leadership may not be rigorous or structured enough to weed out potential narcissists.

The SCVS session on surgical leadership was the first session in vascular surgery to specifically address leadership, assembling a group of surgeons with vastly different experiences who could verbalize attributes of effective and unhealthy leadership. There are many ways to gain leadership skills later in life, which include a recent substantial effort by the SVS, and numerous hospital-based leadership and extramural courses. In this article, we have a synopsis of the individual discussions from experts chosen to represent how we all can learn to be better leaders in vascular surgery.

POSITIVE AND IMPACTFUL LEADERSHIP, PERRY DEAUGUSTINE, BS

A positive impactful leader is responsible for setting the culture, using tools such as building a shared vision, building trust, and then empowering the team to strive for something bigger than the sum of the parts. When a leader accomplishes this, their business, department, "family" thrive, grow, and are seen as examples of what is right. I come from industry, where I spent more than 40 years (and still counting) working in and around healthcare. When asked to collaborate on this project, the original premise was "industry does it so much better, and it is easier to create positive, impactful leaders because it is entrenched in the training." Yet, this is completely inconsistent with reality!

Like all of us, I have experienced the impact of a poor leader and the joy of working with and for a positive impactful leader. The difference is palpable based on all important business metrics that organizations use—from employee retention and productivity to increasing revenues.

Each of us has our own innate talents, and at a very young age, we adopt our core values. How you chose to use them is driven by the behaviors you display. The purpose of my segment was to call out the behaviors and values that make up a positive impactful leader. Leadership is not a talent you are born with, and it is not a core value, but it is the result of learnings, trainings, and experiences that help form the behaviors you choose to display and therefore make the type of leader you choose to be. There is not 1 style or 1 personality that defines a positive impactful leader; however, there are some core behaviors, core values, and traits that do make up a positive impactful leader.

The following principles are a summary of interviews with 20 diverse leaders and highlights common themes from 4 questions:

1. What is your definition of positive leadership and what are the top 3 to 5 behaviors that make up a positive leader?
2. What have you learned and adapted to make yourself a positive leader?
3. What do you "look" for in a potential leader?
4. How do you pull it out and teach leadership to a potential leader?

The following is a summary of my interviews with these leaders on what behaviors constitute a positive impactful leader. A positive impactful leader is:

- a leader who seeks out opportunities for others to take the lead and is both comfortable and wanting others to take the lead.
- a leader who develops strong relationships within the team, providing room for both creativity and growth for each individual and the team.
- a leader who is very self-aware and knows their own talents and passions then seeks others to compliment them on the team.
- a leader who builds trust and is trustworthy and is authentic yet demanding that others are the same.

- a leader who brings a vision to the team and then works with the team to develop it as a shared vision and then allows the team to share in the lead to achieve their shared vision.
- a leader who seeks out the next leaders, then spends the time, resources, and energy to mentor and develop them.
- a leader who is courageous, vulnerable, transparent, and compassionate and develops strong relationships with the team.
- a leader is not equal but strives to be fair.
- a leader who holds each team member accountable and uses accountability as an opportunity to teach and learn from their actions.
- a leader who recognizes that their primary responsibility is to build a strong positive culture.
- a leader who understands that they must be able to communicate and develop relationships both within their team and cross functionality to help promote their shared vision and success.

Most important, each spoke about how critically important it is looking for and uncovering those in their organization that exhibit the behaviors that fit their culture and values. Then work with them, teach them, and mentor them. Give them opportunities to practice, the skills you are teaching and to prepare them to be a positive, impactful leader.

The leaders that I interviewed are those who have the reputation of leading teams in a positive and impactful manner. They actively look for potential leaders to mentor and develop them. They each have their own style, their own approach, their very own talents but with 1 thing in common—they hold on to their positive core values; each have the drive to be a positive, impactful leader, they practice it every day, and they view leadership as a lifelong journey.

NEGATIVE AND DESTRUCTIVE LEADERSHIP, ERICA MITCHELL, MD, FACS

At some point during our surgical training or surgical career, we have all experienced an unpleasant work-related relationship that raises our stress and anxiety levels and leaves us with low self-worth. We recognize that our stress and anxiety escalate in reaction to a specific and memorable leader—a "bad boss"—and thoughts of working with this "toxic" leader makes us emotionally and physically ill.

Studies from leading global consulting firms confirm that more than half of US employees endure a toxic leader at some point in their career with 70% of employees thinking about and actively looking for a new job due to a lack of support and recognition.[5] When surveyed about why employees leave their place of employment, 43% of respondents reply, "because of a manager."[6] It is now well-understood that the primary reason for work stress and burnout is negative or destructive leadership. Considering that the average American spends a quarter or a third of their life at work, and surgeons more than that, the state of our workplace and its impact on our workforce's physical and mental health cannot be overlooked.

The concept of destructive or toxic leadership has been widely addressed in management but remains less explored in the surgical arena. The surgical structure of leadership remains hierarchical with top-down management pervasive in most hospitals and academic institutions. Lack of transparency, leadership oversight, and system accountability can allow toxic leaders to thrive. Fear of retaliation, job loss, and blacklisting keeps employees silent and unwilling to report abuse or destructive situations.

Leadership is a dynamic and interactional process wherein performance results depend on the relationship between the leader.[7] Leadership is not only a phenomenon, but also a process of influence requiring a dynamic interplay between leaders and followers, within a given context, to achieve a certain purpose.[8] When leadership negatively affects team members, processes, or group outcomes, it can be described as either poor, ineffective, or destructive or toxic leadership. What differentiates toxic or destructive leadership from merely poor or ineffective leadership is the volitional intent of toxic or destructive leaders to adopt characteristics and behaviors that adversely affect the well-being of employees and outcomes of the organization. Harmful leadership arises when there is "harmful behavior imbedded in the process of leading[9] and a relationship of leader-follower abuse is generated.[10]

Leadership behaviors that typify poor leadership include poor communication, lack of recognition, unreasonable expectations, and micromanagement. These leadership behaviors, although frustrating to the employee, are not malignant. Even ineffective leaders who are known to tolerate incompetence, lack vision and strategic thinking, lack credibility, and are conflict adverse do not intend to harm employee morale, team spirit, and group goals. Poor and ineffective leadership behaviors result from the leaders' inability to perform a behavior or task well, or according to some preconceived standard. Toxic leadership, on the other hand, is more harmful in action and intent, it is relationship focused and personal in nature to those affected by this leader.

Toxic or destructive leaders develop a leadership style that is purposefully directed toward the physical and emotional impairment of people has harmful consequences to their followers and affects the morale of the

organization. These leaders often demonstrate behaviors such as low emotional intelligence, bias, disrespect, intimidation, and a lack of empathy, support, recognition, and self-accountability. They engage in negative behaviors, such as bullying and abusive behavior, attack on followers' self-esteem, social exclusion and divisiveness, self-promotion, and authoritarian practices, with volitional intent. These attributes and behaviors negatively affect their followers physical and mental well-being as well as their performance and the groups' performance and outcomes. Three key elements of toxic leadership include lack of concern for the well-being of their followers, actions motivated primarily by self-interest, and a personality that can negatively affect organizational climate.[11]

Research shows that employees of toxic bosses have lower levels of productivity, job satisfaction, organizational commitment, helping behavior, and a perception of fairness. Employees also experience higher levels of workplace stress and burnout, absenteeism, and turnover, as well as deviant work behavior. In the medical environment, toxic leadership can result in higher levels of patient safety incidents, surgical complications, and medical errors. Negative effects of toxic leadership can extend beyond the workplace. The individual consequences of employees dealing with behaviors like these can impact an employee's whole life and manifest as fatigue, irritability, anger, lack of motivation, headaches, and heart disease. Employees subject to toxic bosses have a greater susceptibility toward alcoholism and family abuse. Organizations with toxic bosses have higher healthcare costs because of somatic health complaints and increased rates of heart disease.

To understand how toxic leadership emerges, research has looked at the relationship between toxic leadership and dominant personality traits. Although narcissism and Machiavellian personalities have a correlation with abusive supervision, there are larger factors at play that allow for the emergence of a toxic leader. Studies have looked for root causes for toxic leadership including situations, cognitions, and emotions that make someone susceptible to toxic leadership. One of the most important factors that allows toxic leadership to develop and thrive is a tolerance for it.[12] If the leader faces no repercussions for their behavior or manages to achieve desired outcomes without being sanctioned, this abusive leadership, once established, can be very difficult to overcome.[13] We see this in academia not infrequently; despite toxic leadership, professors and leaders remain in their positions because we tolerate their behavior in exchange for their clinical productivity, grant support, or industry earnings.

THE PHYSICS OF LEADERSHIP: THE SOCIETY FOR VASCULAR SURGERY'S APPROACH, KENNETH SLAW, PHD

Mastering the essential building blocks is critical in any discipline, and leadership is no different. The SVS, working collaboratively with the SCVS and Vascular and Endovascular Surgery Society, launched its formal Leadership Development Program (LDP) in 2019. There is growing interest across the Regional Vascular Societies, and the Association for Program Directors in Vascular Surgery, to engage in developing an integrated approach to leadership skill building for vascular surgeons.

The overarching goal of the LDP is to provide vascular surgeons with the tools to reach their full potential as leaders, making a positive impact on their specialty and workplace. To fully optimize vascular surgeons to meet the needs of their patients and lead the medical and societal changes, they wish to achieve in their practices, institutions, and communities, requires mastery of leadership as a discipline with an inherent set of skills and competencies. It is the focus of the LDP to introduce and provide opportunities to practice these essential disciplines and skills.

Dr Mitchell clearly articulated some of the attributes of poor leadership that challenge all of us as we seek as professionals to make a positive difference. Lack of clear vision and goals, dysfunctional teams, lack of accountability, and toxic cultures or personalities; all represent barriers to forward progress.

Leadership development is about mastering the skills to overcome these challenges. The skill sets in leadership emphasize a focus on strengthening and communicating vision and strategy, establishing and sustaining personal credibility and integrity, and understanding complex human organizations as the "relational" enterprises they are, which is why strengthening human relations skills (emotional intelligence) is so essential.

The evidence in social science literature suggests that leadership is a learned skill. We are all born with the unique gifts of our personality and these characteristics stay consistent throughout our lives. More than 30 years of scientific study of leadership has demonstrated that it is a constellation of behaviors, when engaged frequently, which defines and drives leadership success. In short, you bring who you are to the task of leadership, but what defines you as a leader is what you do and how you do it, not who you are.

Research has shown that there are consistent themes that are fundamental for effective leadership. Some of these are that leadership is behavioral, hence learnable. This means that it begins with "us" and that it requires a purpose and

a willingness to change. It is important to establish that leadership is not position, title, or power, these are only tools of influence. The literature has regularly recognized 5 behaviors that are essential building blocks for a success in leadership. These include honesty (transparency or credibility), forward-looking (visionary or optimistic), competency (skilled or hard working), inspirational (mission-based or motivational), and intelligence (thoughtful or problem solver).

Kouzes and Posner's[14] "Leadership Challenge" is one of the most well-researched models to incorporate these critical elements of leadership and was therefore selected as the textbook and base curriculum for the LDP. Leadership is about action, doing, moving the needle, and making a difference. One cannot sit in one's office alone and think or imagine the way into leadership success. It requires visibility and it requires a lot of other people to engage. Therefore, in the LDP, the teaching is about an overarching goal of understanding the "physics of leadership." It is the essence of gaining an understanding of how it works and exerts its influence on outcomes.[14]

So how does one go about teaching or learning leadership? Leadership is experiential. You cannot learn it from a book, you need to "do it" to learn it, just like surgical technique. You can work on building basic skills such as strengthening emotional intelligence, relational communication, strategic thinking, and problem solving, but the key to learning is context and application through case-based learning with peer and mentor coached feedback. In terms of where to focus skill building, the American Association of Physician Leadership highlights the importance of skill building in the areas of knowing self, others, understanding change science, and executing to get results. The structure of the LDP is built around this experiential learning model with virtual webinar sessions focused on each of Kouzes and Posner's essential practices, inclusive of prereading, prework, and peer mentoring sessions in each webinar session after didactic content presentation. To reinforce the experiential learning each member of the cohort works on a leadership challenge case project and applies the lessons learned to their case throughout the program.

Based on the course evaluations received to date through 4 cohorts, 82% of cohort members strongly agree that the LDP experience positively influenced their career trajectory, and 100% either strongly agree or agree. Based on recent data gathering, >80% of cohort members have ascended to leadership positions across vascular societies and their institutions and practices, and although this is correlative, not causative, cohort members state they feel much better prepared to face leadership challenges.[15]

The next horizon for the LDP is investing in its own original research as a cohort begins to verify the larger impact and study of leadership within vascular surgery, and to begin expanding the curriculum to potentially include specialized training in advocacy leadership and potentially for chief residents.

Leadership is a set of skills and a discipline that must become a requirement for all who seek larger vision and horizons and desire to manifest them.

WHEN SHOULD LEADERSHIP TRAINING START? LESSONS FROM AUSTRALIA, NADIA WISE, MD

Whether the LDP from the SVS is the coaching process of choice or not remains to be seen, but what is certainly unmistakable is that some learning structure is necessary. Yet, what is not established is when should leadership training start.

Training, as defined, is a deliberate and systematic process of acquiring knowledge, skills, and competence to enhance an individual's capability to perform tasks or roles effectively. In the context of leadership, comprehensive training and development programs are crucial to shape effective leaders, even for those who may possess natural leadership qualities.

The question of when leadership training should commence is an important one. In the past, leaders were often selected based on seniority or being the "next in line," but times have changed. Today, leaders must be competent and possess substantial emotional intelligence. They cannot simply be tapped on the shoulder and anointed into leadership roles.

Leadership training is therefore designed to enhance the skills and qualities necessary for effective leadership. Leadership training encompasses self-awareness, the development of interpersonal skills and frameworks on which to base crucial and difficult conversations, to lead effective change, to manage and elevate those around us, and to navigate challenging situations.

Ideally, training in leadership should start as early in a career as possible but must be balanced by competing priorities. In some cases, leadership skills are encouraged and nurtured from a young age, such as in educational institutions that incorporate leadership competencies into their curriculum. However, when it comes to professional fields such as medicine, where individuals follow a pathway to expertise, leadership training may need to be balanced with the acquisition of specialized knowledge and skills. Leading a team of junior doctors requires effective communication, mentoring, and the ability to provide

guidance and support. It involves understanding the strengths and weaknesses of team members, delegating tasks appropriately, and fostering a positive and collaborative working environment. The practical opportunities for leadership that surgical training provides is invaluable because it allows for the development of skills and refinement of approach. However, the time during residency and specialist training, when doctors are under pressure to fulfill service commitments and study requirements, may not be the most suitable for intensive leadership training.

As junior specialists, opportunities arise that allow for the practice and development of natural skills and competence in leadership. Engaging in committee work, participating in steering groups, undertaking research, and leading hospital projects can help identify individuals who have the potential to become future leaders. These surgeons are the ones to formally train in leadership, and this will typically be within the first 5 to 10 years of specialist practice. This period allows individuals to gain experience, develop expertise in their chosen field, and identify opportunities to practice and demonstrate leadership abilities.

Leadership is a combination of natural aptitude and deliberate practice and training. Leadership competency and opportunity identify those to formally train in leadership. This is best done as early in a career as possible but not at the expense of achieving expertise in the chosen field. Leadership training provides individuals with a solid foundation for personal and professional growth, fostering a generation of capable and inspiring leaders. Earlier in this article, we discussed the ever-evolving growth necessary to be an effective leader, so although it is important for leadership training to start early, it is equally crucial for leaders to continuously improve their style, qualities, and competence throughout their careers.

THE LEADERSHIP JOURNEY: A "DO IT YOURSELF" APPROACH TO LEADERSHIP TRAINING, MURRAY L SHAMES, MD, FACS

Unfortunately, surgical residencies and early stages of a surgical career often do not provide adequate training in leadership, if any at all. The focus is typically on individual achievements, such as academic performance, standardized test scores, research, and community service, which are prerequisites for securing a spot in a surgical residency program. Many individuals may not have had previous opportunities to lead teams, and personal experiences, such as not being chosen for sports teams, can serve as valuable learning moments. It is important to remind ourselves and others not to peak in high school, because as noted earlier in this article, professional growth is a continuum. Leadership development during a surgical career encompasses various activities, team impact, and achieved outcomes. It is essential to understand that leadership is not solely defined by a title but rather by a commitment to people, organizations, and missions. Traditionally, we have not effectively prepared residents to lead teams, relying on the system to provide instruction, feedback, and competent chief residents who eventually establish their own practices. In the field of surgery, leaders have often been defined by their busyness, the complexity of surgeries they perform, and their academic success. However, a favorite leadership quote from Teddy Roosevelt's 1910 "Citizen in a Republic" speech resonates deeply: "It is not the critic who counts… but the man who is actually in the arena."[16] This quote acknowledges those who strive for greatness, even in the face of potential failure or criticism. Roosevelt emphasizes the importance of taking action and actively participating in the work, rather than merely observing from the sidelines. He also recognizes that setbacks and mistakes are inevitable but encourages individuals to persist despite adversity. This quote aptly describes my personal leadership journey. I embarked on my academic surgical career at the University of South Florida (USF) and was given the opportunity to be the program director for vascular surgery in 2007, coinciding with the launch of the integrated vascular surgery residency program. Actively participating in the Association of Program Directors in Vascular Surgery, engaging in society activities, advocating for simulation training, and leading committees provided me with valuable opportunities. I leveraged these chances, using the society as a networking platform to build relationships in academic vascular surgery. Eventually, I was elected as the president of the society, although not on my first or even second attempt. Success does not always come as planned, but dedication, resilience, and a focus on our priorities can lead us to triumph. Service holds significant value in leadership. Not all committee assignments, Teams meetings, or administrative activities provide immediate fulfillment, but, as Roosevelt stated, being "in the arena" is the essential work. When I initially aspired to become the vascular surgery division chief at USF, I was unsuccessful. This setback made me realize that I needed to invest more in developing my leadership skills. A good local reputation, a busy clinical practice, and favor from the department leadership were not sufficient qualifications to assume the chief position. I dedicated the following 5 years to enhancing my leadership abilities through extensive reading[17-21] (Table 1), participation in dedicated leadership programs (including the highly recommended Harvard Surgical Leadership Program), and most importantly, committing to lead by example. I performed the necessary work, acknowledged the contributions of the team, and

Table 1. Recommended Reading List

Title	Author
5 Dysfunctions of a Team	Patrick Lencioni
Dare to Lead	Brene Brown
The Truth About Leadership	James M. Kouzes
The Best Medicine: A Physician's Guide to Effective Leadership	Bruce L Gewertz
Leadership that Gets Results	Daniel Goleman

embraced the notion that leadership is not about oneself but about a shared vision, clear expectations, accountability, commitment to professional development, transparency, mentorship, and fairness. In addition to my work at USF, I recognized the importance of establishing a national reputation. This required increased effort and engagement in national societies, heightened academic productivity, and building and supporting teams comprised of junior faculty, residents, and staff. Not being selected as the division chief offered me the opportunity to focus on developing the skills and seizing the opportunities necessary to truly lead, rather than simply having a successful clinical practice. Over the next decade, with a steadfast commitment to personal growth in areas such as self-awareness, building teams founded on trust and shared vision, and participating in formal and informal leadership training, I used the university and hospital vascular community to network, built relationships, and established myself as a leader. In 2016, I was appointed as the vascular surgery chief at USF, and last year, I was selected as the chair of the department of surgery at USF after a national search. Leadership takes various paths, and for me, it has aligned with Roosevelt's notion of "doing the deeds," overcoming obstacles, showing dedication, and persisting after stumbling multiple times—all while remaining focused on a worthy cause. Albert Einstein summarized it well with his quote: "Try not to become a man of success but rather try to become a man of value."

THE LEADERSHIP JOURNEY FOR WOMEN IN VASCULAR SURGERY: CHANGING COURSE TO MITIGATE NEGATIVE IMPACTS AND INSPIRE WOMEN TO LEAD, AUDRA DUNCAN, MD, FACS

Successful women in leadership roles in vascular surgery leads to improved health of organizations, better patient care and promotion, and recruitment and retention of women in vascular surgery. More than 50% of current medical school graduates are women, and vascular surgeons need women to fill their growing pool to care for our aging population. Aside from the obvious need for women leaders as role models to students, having women leaders in vascular surgery supports diverse perspectives, which is known to lead to improved group decision-making. Women are often empathetic leaders with good communication skills with patients, colleagues, and other leaders. In addition, women are known to have excellent surgical outcomes,[22] yet still suffer a pay gap loss, which will likely never be corrected until enough women leaders sit at the decision-making table.

Based on a review of executive gender diversity, McKinsey and Company[23] found that more gender diversity clearly correlated with improved financial performance, yet there were no universal efforts identified to actively promote and support women leaders. Similarly, in vascular surgery, approximately 15% of SVS members are women and 45% are responsible for leadership work on SVS committees, yet in 2021 publications reviewing the data from 2014 to 2018, there were significantly fewer Society of Vascular Surgery elected executive leaders (4%), editorial board members (9%), or division chiefs (5%).[24,25]

So, how should women in vascular surgery, at each level of their career, address their leadership journey to improve the placement of women in leadership roles and thereby promoting a cascade of downstream positive effects? First, women should realize the definition of a leader can vary at each career stage, and in whatever job one is in. For example, each of us is the leader in their own operating room and can use those same skills at their hospital committees, or as program director or research primary investigator. These skills include leading deliberately and purposefully, being collaborative, transparent and communicative, and being willing to lead in good times and bad.

Other roadblocks for women include leadership selection by legacy, inertia, or by the discomfort of working with someone different from oneself. Often there is a "bottleneck" of qualified candidates, and leaders may be selected by who has waited the longest rather than by specific skills. It is also important to remember that diversity efforts are meant for systemic change, and not personal advancement. Addressing a common goal should be much more important and certainly more impactful for the future of women in the profession.

To counter these roadblocks, women should remain open-minded and hear all voices. In many cases, avoidance of diversity is based on fear and the inability to embrace change even when the data support it. By understanding these viewpoints, and by remaining patient-centric in one's decision-making, women can make strong and purposeful decisions that support their ability to lead. Women should make efforts to obtain leadership training and learn to "pick their battles" as they encounter opposition. There are many

opportunities for networking and support from other women and supporting men within the SVS, vascular surgery practice partnerships, as well as through social media connections.

Finally, once a woman achieves her leadership goal, she should continue to use her voice and bring something to the conversation. A key element to grasp is that women tend to be overmentored, but undersponsored. Therefore, women who achieve leadership positions should work to sponsor ensuing generations of women by promoting qualified women for positions they deserve, essentially use the adage of "paying it forward."

APPLYING LEADERSHIP IN EVERYDAY OPPORTUNITIES AND CHALLENGES: ESTABLISHING AND IMPROVING INSTITUTIONAL RELEVANCE, PEDRO G R TEXEIRA

The current healthcare environment is complex, dynamic, and structurally marked by multiple managerial layers and processes, resulting in increasing bureaucratic demands.

As noted by other contributors in this article, several strategies are available to surgeons interested in developing their leadership skills. As a first step, exposure to formal leadership training and literature is important, because it provides a new language that can be used by the surgeon aiming to be heard in the executive room. As the surgeon becomes familiar with this managerial vernacular, they can better articulate their goals and share the strategies to achieve those goals. Learning the "business" language is priority number 1. Thereafter, getting access to the executive room is priority number 2. Finally, the surgeon needs to not only be listened to but also heard. Becoming known to the executive team and having credibility is priority number 3, and possibly the most important as the surgeon builds surgical leadership skills (Table 2). Being intentional on how a surgeon builds their reputation as a core component of their surgical leadership skills will be very important for a successful career. A surgeon who is recognized as an honest and reciprocal player, whose word is their bond, will have no shortage of mutually beneficial relationships within the institution.

Table 2. Priorities for Surgeons Who Want to Be Heard in the Executive Room

Learn the "business" language
Get access to the room
Become known to the executives or increase your credibility

Rising to the top

Considering that definition, the acquisition and development of surgical leadership skills can be seen as the ladder that will take a surgeon to a place of influence at the institution. As Beilby[26] summarizes in his blog "Darwinian Business," when evaluating the potential strategies, individuals use to ascend in social rank, and there are 2 ways to the top: dominance and prestige. It is well established that both dominance and prestige can lead to successful ascension to a high level of stature,[27] which is a desirable attribute for those intending to become effective leaders. Although both approaches can be equally successful in attaining the goal of gaining status among the group, the Prestige approach is the one we favor, as it may have benefits over the Dominance approach.

Prestige leadership

Although not a widely recognized or established leadership concept, Prestige leadership has gained popularity as a viable strategy for leading a team. The principle of this leadership style is to lead by displaying knowledge or expertise, using those attributes to stimulate others to follow. Prestigious leaders influence others by displaying signs of wisdom and expertise and being role models, by demonstrating competence, integrity, and personal commitment to service. By consistently leading through example, taking initiative, and doing the hard work, those leaders cultivate trust from their teams. With this approach, these leaders reach the top through a path that is not necessarily dependent on a title, but rather related to their ability to demonstrate their capacity and having their attributes recognized by the group.

Using this prestige leadership style, a surgeon can intentionally build their institutional reputation as part of a surgical leadership path and use it to become relevant in the institution. It is important in this context that the surgeon's actions align with their values, which should also be concordant with the institutional values. Vascular surgeons are particularly well positioned to use their clinical role as an asset to enhance their credibility among their group. By demonstrating their competence and their skills, vascular surgeons can earn the respect of their peers and the community. Vascular surgeons often play a key role in any hospital, especially in those where high complexity surgical care is delivered.[28,29]

How to ascend to a leadership role?

Many activities considered to be chores by most surgeons can be used as opportunities to amplify one's institutional reputation and demonstrate one's leadership skills. This list may look different in different institutions, as committee and group names vary, but the idea remains valid independent of

the local reality (Table 3). These should be seen as forums in which a surgeon aspiring to elevate their role as a leader can use to demonstrate their ability to work toward a common objective, their willingness to compromise in favor of a higher goal, and their capacity to prioritize their team needs over their own. Finally, a surgeon who aims to pursue a role in surgical leadership should recognize the value of routine activities occurring at the healthcare organization as opportunities to establish and solidify interpersonal bonds with the executive team.[30]

DISCUSSION

So, what does this article achieve, and does it advance the reader's understanding of leadership? Each of the individual section presenters shared their view of specifically how our specialty can create a better template for leadership development. Even current leaders can learn daily from other leaders, and by being intentional about setting examples of good leadership in this current environment, we create a culture that is willing to learn to be better. Ultimately, it is not meant to serve as a comprehensive compendium and guide to shape a vascular surgeon's understanding of leadership. Each of us will bring different previous experiences to our daily jobs but the point is the ultimate goal of improvement of patient care. Vascular surgeons have a privilege of caring for the vulnerable patient with vascular disease, often at life and limb threat. We should carry our leadership opportunities with pride and improve vascular surgical care for all humanity. The authors provide perspectives and definitions on leadership characteristics that are encountered throughout our careers, as well as some constructive engagement guides and anecdotes. The overall descriptions of issues documented above can serve as a starting point for each new young leader and make aware the issues that face us. There is no one perfect recipe for leadership, success is dependent on a constellation of factors. As mentioned by Texeira, specific factors including institutional culture and local politics play a significant role in how to navigate this space.

A common theme is that being involved in leadership is critical to our profession and personal growth. It is also clear that despite our individual strengths, being a leader is not an innate trait, rather more commonly it is one that is learned and constantly improved on. In fact, the adaptability and willingness to change and improve likely highlights one of the best qualities of the modern leader, especially in our specialty. One could certainly contend that based on this notion, early engagement with the discipline and future leaders of vascular surgery would be preferable.

Table 3. Institutional Leadership Opportunities

Medical executive committee
Surgery council
Quality improvement groups or initiatives
Peer-review committee
Recruitment committees
Multidisciplinary workgroups
Physician champion roles
Clinical pathway lead roles

Author Contributions

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