

Taking the lead: success and leadership in medicine

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This article is based on discussions and debate between faculty and delegates at a 1-day 'Taking the lead' course for younger urological consultants held in London in December 2014 and sponsored by The Urology Foundation.

These days the practice of effective clinical medicine requires a diverse variety of leadership skills, as well as integrated teamwork. Perhaps surprisingly, there is relatively little guidance available as to how to become, or how to remain, 'a good leader' within the sphere of medicine. In this article I shall consider the attributes required for effective medical leadership. Given that each and every one of us could be a better leader, as well as a more successful and caring clinician, it is hoped that there are some useful pointers and take-home messages for all of those who take the trouble to read this piece.

WHAT IS THE DEFINITION OF SUCCESS IN MEDICINE?

What should be considered to be 'success' in medicine? How can it be achieved? Unlike the world of business, where success is largely gauged in financial terms, a successful doctor is arguably one who treats his or her patients safely and has gained the admiration, respect and trust of his patients, peers and colleagues. This is your 'reputation'; remember, you only have one to lose – so take great care to nurture



Figure 1. Effective team building is a pre-requisite for success as a medical leader (© Jim Varney/Science Photo Library)

and guard it very carefully! Since others tend to follow success, it is rather important to be perceived as being 'successful' within your field of medicine. Start with the end in mind by asking yourself 'what do you want to be remembered for?' Think strategically, but be prepared for a long haul. Success in medicine seldom arrives overnight. It needs to be constructed by patient, meticulous hard work throughout your career. Once you stop striving for excellence, success will most certainly elude you.¹

LEADERSHIP

As in other walks of life, leaders in medicine are often 'charismatic champions of change'. Simply doing your job to the best of your ability is unlikely to be

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sufficient. Fortunately, new developments and opportunities for better patient care constantly occur in medicine. Each of these offers a unique opportunity for leadership and success. Creating new units, structures or organisations within or without the NHS is one way for you to differentiate yourself from the rest of the very competitive pack.

Of course, the requirement to lead by example, by being a dedicated, compassionate, skilful and hard-working clinician should never be underestimated. Good leaders inspire others in their team, delegate appropriately, but carefully supervise and mentor their junior colleagues, and remembering always to maintain scrupulous patient safety.

TEAM BUILDING

Increasingly these days, it is the whole clinical team rather than the individual that is successful; having said that, generally speaking, each team requires an overall leader to guide it to success. Careful team building and nurturing is therefore a pre-requisite for success. This is achieved by careful management of all the individuals within the team, including doctors, nurses and ancillary staff, as well as business managers (Figure 1).

The powerful and effective motivational drivers of a financial bonus and the fear of dismissal, which are used in, for example, banking, are not available in the NHS; therefore more subtle techniques are required. Motivating one's colleagues to strive for excellence against the backdrop of the ever-changing health services is never easy. However, identifying and pursuing strategic team objectives, which are 'SMART' (Specific, Measureable, Ambitious, Realistic and Time-constrained), is a good way to get people focused on success, and much better than them sitting around complaining about the *status quo*!

NETWORKING

Networking could be regarded as another key characteristic of most successful

clinicians. Taking the trouble to get to know the key people in your specialty and taking an interest in their careers, their lives outside medicine and their families is the best way to make the connection and to widen your own sphere of knowledge and influence. However, it needs to be appreciated that not all doctors are considerate to and supportive of their colleagues; when faced with criticism or aggression, it is wise to avoid ongoing conflict and resentment, as the negativity generated can permeate widely among the team, and profoundly affect morale and patient safety.

TIME MANAGEMENT

Good clinical leaders manage their time effectively. A useful concept is of 'A', 'B' and 'C' time. 'A' time is when your best quality work or output is achieved: for most people this is in the morning; 'B' time is when more routine tasks can and should be undertaken and ideally completed; 'C' time is best allocated for relaxation, ideally with family or friends. Most doctors find some elements of their work stressful. Keeping up-to-date and on top of day-to-day tasks helps to keep stress levels under control. Dealing with emails is one example. Most of us receive more and more all the time. One way to manage them is to employ a '3D' approach: Deal with it, Delegate it or Delete it. Don't procrastinate by ignoring the message. Once it disappears into your previous email files it is often forgotten, at least until an angry reminder appears in your inbox demanding action, or at least a reply!

COMMUNICATION SKILLS

Good communication skills are essential for leadership and success in medicine. Peer-reviewed research publications are still pre-eminent, but communication also includes lecturing, where the 'tell them what you are going to say, tell them, and then tell them what you have told them' maxim is often helpful. Most doctors tend to use too many slides, talk for too long and include far too much detail. 'Less is

more' is a good maxim if you want people to listen and understand what you say. The same applies to communicating with patients, where receiving information by carefully listening to them, rather than transmitting only your opinion, is the hallmark of a good clinician.

Good communication with colleagues and managers requires fostering good relations and regular face-to-face meetings where strategic plans can be made and progress with their implementation evaluated and fed back to the team. Skilful chairmanship in committee meetings, good negotiating technique, as well as the ability to construct a good business plan are other useful attributes to develop and hone.

AVOIDING THE PITFALLS

A career in medicine may span 40 years, and sometimes even more. Over that time it is simply not credible that all mistakes can be avoided, especially as medicine itself is becoming ever more complex and interdependent. The problem lies in the fact that mistakes in medicine can and often do result in physical harm to and, rarely, even the death of, a patient. As a consequence, unlike in banking or business, where financial remuneration can repair the damage, an injured patient or a bereaved relative may feel fully justified in pursuing the clinician involved, either through the courts, or through the General Medical Council (GMC), to exact what they regard as just retribution. Fortunately, the Medical Defence Union and Medical Protection Society, as well as a number of other smaller organisations, are there to defend you. However, the process of litigation against a doctor, or an investigation by the GMC, can be a prolonged, agonising and profoundly demoralising affair, resulting in a 'second victim'.²

It is better by far to avoid problems by developing and maintaining a careful cross-checking mentality, even if it is construed by some to be 'defensive medicine'. To be a successful doctor these

days you need to keep out of trouble, or if trouble looms, to deal with it skilfully, sympathetically and honestly, and thereby avoid the lawyers or the GMC becoming involved. If a clinical mistake has resulted in potential or actual patient harm, we first have a 'duty of candour' to admit the error honestly, try to correct the situation and then investigate its cause. An apology should be made to the patient and his relatives. Importantly, it is necessary to learn the lesson from the mistake and if possible to prevent its repetition by introducing appropriate checks, protocols and procedures.³

Most serious medical mistakes are the end result of intrinsically flawed systems and the consequent development of an error chain that leads inexorably to the eventual 'fatal mistake'. Lawyers, however, tend to focus on the particular individual that

makes the final calamitous error. This personalised 'name-and-shame' approach may result in the multiple jeopardy of litigation, investigation by the GMC and trial by media, as happened in Wales when the wrong kidney was inadvertently removed. The World Health Organization surgical checklist, strongly advocated by Atul Gawande, is specifically designed to reduce the risk of similar catastrophic mistakes. In his book *'The checklist manifesto'*⁴ and in his recent series of Reith Lectures, Dr Gawande has argued that other checklists could be similarly deployed in non-surgical arenas of medicine and beyond.

CONCLUSION

In conclusion, I have attempted to summarise my own personal views of the characteristics required for success and leadership in medicine, as well as some ways to avoid potential pitfalls.

Inevitably, of course, there are omissions and points made with which others will disagree. As a consequence we have set up a blog on the subject on the *Trends* website (www.trendsinmenshealth.com/blog). We would be interested in your opinions and observations, so do join the debate and post your comments.

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