EDITORIAL

Leadership Development for the New Generation of Maxillofacial Surgeons - Part 2: Leadership Training in a Meaningful Action

Evangelos G. Kilipiris

ABSTRACT

Leadership training should be formally integrated into medical and residency training programs, equipping modern maxillofacial surgeons with the necessary skills and experience to lead successful healthcare organizations. The second part of this series shows some currently implemented practices with their limitations. A novel pathway to leadership training is described that primarily addresses physicians' issues, based on current evidence. Some creative training activities and critical skills that need to be cultivated during these programs, such as emotional intelligence and targeted mindset shifts, including pause for reflection, shared purpose, and patient-centered care, are highlighted. This journey is long and requires a strong commitment, but it is the only strategy forward to build effective healthcare organizations that meet the 21st-century patient needs.

KEY WORDS

Leadership training, physician leadership, formal education, holistic view, physician-leadership pipeline

Deputy Co-Editor in Chief.

Correspondence: Evangelos G. Kilipiris, MD, DMD, Department of Pediatric Surgery at National Institute of Children's Diseases, Bratislava, Limbova 1, Bratislava 83101, Slovakia, European Union.
E-mail: *varonos@live.co.uk*.
ORCID: https://orcid.org/0000-0001-6107-8790.

Article type: Editorial.

Please cite this article as: Kilipiris EG. Leadership development for the new generation of maxillofacial surgeons - part 2: Leadership training in a meaningful action. J Diagn Treat Oral Maxillofac Pathol. 2026;10(9):100323.

Manuscript received 10 July 2026
Accepted 16 July 2026
Available online 24 July 2026

https://doi.org/10.23999/j.dtomp.2026.9.100323

© 2026 The Author(s). Published by OMF Publishing LLC.
Website: https://omfpublishing.com.
This is an open access article under the CC BY-NC-SA license (https://creativecommons.org/licenses/by-nc-sa/4.0/).

Investing in personal leadership skills and fostering strong leadership at all levels should be a top priority for healthcare organizations [1]. Currently, sound evidence shows that leadership skills positively influence both patient and healthcare organization outcomes, underscoring the need for leadership training to be formally integrated into medical and residency curricula.

In 2022, the American Association for Physician Leadership published a "white paper" demonstrating that physician leadership is more valuable and critically needed today [2]. Physician leaders are the catalyst connecting the hospital's sharp end-the frontlines of care-with the blunt end-the leadership, and trainees want to develop leadership skills formally. Hospitals with higher-rated leadership practices have been shown to deliver higher-quality care, better clinical outcomes, lower morbidity and mortality rates, and higher patient satisfaction. Seven of the top 10 U.S. hospitals, ranked by U.S. News & World Report, are run by physicians, underscoring the need to recognize physicians as leaders and to rethink medical education to include leadership alongside clinical training.

Today, few broad leadership training frameworks serve as formal avenues for physicians to learn fundamental leadership skills, such as leading teams, coaching, and developing others. However, these training programs offer little in the way of true leadership training because they lack the authentic experience needed to help young doctors develop the leadership skills they will need. For example, the dyad model, in which senior physicians are paired with business executives to run an organizational unit, has limitations because it leads to resource duplication, inefficiencies, confusion, and conflicting messages, delays decision-making, and doesn't fully prepare doctors to be organizational leaders [3]. Looking to India, the National Medical Council has established Graduate Medical Education Regulations, recognizing the key leadership role of medical graduates in leading healthcare organizations [4]. However, the vast majority of teaching activities do not offer leadership training programs, and the very few existing classes are highly theoretical.

So, the lesson for leadership education is clear: create programs that emphasize that, to be a maxillofacial surgeon and a physician, you have to lead. Medical schools and residency training programs should modify curricula to include leadership skill development at all levels of training. This should be as rigorous as the development of clinical reasoning or procedural skills and should focus on designing a practice that maximizes physicians' capabilities. Productivity, cost effectiveness, and satisfaction will follow.

A training program that addresses issues that matter to physicians and is grounded in evidence. A promising way to design such a program is to bring an influential group of physicians together to discuss the skills they are interested in developing and to involve them in the program's design [5]. We should structure a course that allows physicians to learn from one another, that is tailored to their organization's unique roles, culture, and challenges. We can promote peer-to-peer training to bring together leaders facing similar challenges.

Formal education on these topics could take the form of dedicated didactics during residency training, skill-building activities, and a longitudinal, multi-year program, as leadership content and practice continue to evolve. The development of objective evaluation and assessment systems will be critical to effectively measure leadership skills, enabling maxillofacial surgery units to build an evidence base for leadership development in medicine. An interesting example is the evaluation of surgical residents' medical knowledge and leadership abilities in a simulated tactical field setting. The military is highly disciplined in its leadership training, and we can get impactful lessons. For example, to address this gap, the Vanderbilt Department of Otolaryngology cooperated with the Navy Reserve Officers' Training Corps (NROTC) by inviting them to learn about leadership topics [6].

Leadership training should be made an organizational priority, and we should carve out a career path for younger physicians with leadership potential and create a well-designed development pipeline so that maxillofacial surgeons emerge ready to lead large institutions effectively. However, to enable the successful development of leadership skills among maxillofacial surgeons, leadership training programs must be seen not as a diversion from patient care or a compromise of a clinician's commitment to put the patient first, but as just as important as teaching and academic research [7].

The maxillofacial surgeons will build the capacity to lead beyond the clinical enterprise, with a more holistic view of the institution's needs. Practicing

physicians interact with patients and already have training in the human element of the work, both for those receiving care and for those who provide it [8]. Still, the interactions tend to be episodic and individually focused, with the surgeon clearly in charge. In addition, most physicians have been trained to keep emotion out of the job and are not comfortable showing vulnerability in the workplace. As a result, their daily work experience doesn't adequately prepare them to manage complex workplace relationships and be seen as authentic leaders.

Building a physician-leadership pipeline will allow them to cultivate their emotional intelligence skills, relationship management, and ability to manage and develop others, to focus on the underlying interests of the groups, to practice having a learning mindset that will help them to figure out how the other physician sees the world, to allow doctors find the support they need to meet performance goals while also creating sustainable, rewarding jobs, to create environments for their colleagues where they feel more capable, to accelerate the daily job satisfaction, and to afford more flexibility and creativity.

Strong leaders are much more successful in nurturing capable physicians. With the right mindset, approach, and orientation, they can lead the maxillofacial surgery system in a better direction, informed by clinical science and organized to serve the interests of patients and clinicians who care for them. Some targeted mindset shifts can significantly improve the outcomes of physicians in leadership roles. They should not expect others to do their job, in contrast to a surgeon focused on patient care, who aims to establish the correct diagnosis and formulate the appropriate treatment plan through a visible and an invisible group of people who have been trained to work in that particular way. Many physicians fail to realize that, in most organizations, vision is cheap and implementation is king [9]. They fail to get started on new projects or initiatives because they lack a team, rather than realizing they are the team.

In complex situations, they should lead with inquiry, pausing to reflect on the question being asked and integrating as much data as possible into decision-making. Leadership is slow, unlike frontline clinical work. In surgical emergencies, there isn't time to think, and maxillofacial surgeons are presented with incomplete information in a complex, high-stakes situation requiring quick decision-making. Taking time to understand how organizational decisions are actually made can help physicians produce meaningful results.

Similarly, medical students and surgical residents learn to apply the language of medicine and surgery; as they transition into leadership, they should deliberately learn key leadership concepts and terminology. Creating teams with strong social capital through regular interactions and clear ways of working together will make them more effective and better equipped to do the important work that allows their organizations to thrive. They can bring physicians' voices into the conversation, enhance the value of care, reinforce the message of shared purpose, focus clinicians' attention in a positive direction grounded in that shared purpose, and remind all physicians of the need for empathy and compassion. They can design incentives that reward leadership and collaboration, inspire everyone to enhance patient care, and guide the transformation of healthcare by organizing delivery around patients' needs. These maxillofacial surgery leaders will organize care around the needs of patients rather than physicians, combine innovation at the front lines of healthcare with the leadership that creates the environment in which such ideas spread, and make explicit that they share and will act on the aspiration of altruism. These new leaders will use outcomes and performance metrics as motivational tools to organize their colleagues and drive improvements.

A pipeline like this can help healthcare organizations recruit early-career physicians, develop their skills, move them into key leadership positions over time, and identify and address leadership skill deficits early. Maxillofacial surgery needs to reflect on perpetuation, which requires training to be continually upgraded to anticipate future needs. These leadership-focused training efforts for young maxillofacial surgeons should align with the cultures of our larger medical schools and teaching hospitals.

However, supporting the growth of this new generation of leaders who can promote strategic and cultural alignment amid rapid healthcare change takes time and commitment [10]. In addition, any group working to implement leadership training within a healthcare organization must be mindful of the broader organizational culture and prepared to overcome inertia and, at times, active resistance to effect behavior change.

Because in this constantly changing healthcare ecosystem, the needs of patients, like the children

with craniosynostosis, remain the same. They present with the deformity, their parents worry, and they hope to be effectively cured. Meeting their needs is what healthcare is about. But to bring the concept of patient-first care from abstraction to a robust organizational strategy, a new generation of maxillofacial surgery leaders is needed.

REFERENCES (10)

1. Dai L, Frattaroli S, Myers CG et al. Medical leadership competencies for physicians: A systematic scoping review. BMJ Lead. 2025;9(4):340-348. https://doi.org/10.1136/leader-2024-001178
2. Angood PB. Physician leadership: more valuable than ever—a white paper from the American Association for Physician Leadership. American Association for Physician Leadership; September 23, 2022. https://doi.org/10.55834/wp.9897031832
3. Lee TH, Cosgrove T. Engaging doctors in the healthcare revolution. Harvard Business Review. Published June 2014. Accessed February 20, 2026. https://hbr.org/2014/06/engaging-doctors-in-the-health-care-revolution
4. Goel S. Why all doctors require leadership trainings? J Postgrad Med Education Res. 2022;56(4):151-153. https://doi.org/10.5005/jp-journals-10028-1614
5. Lee TH. Turning doctors into leaders. Harvard Business Review. Published April 2010. Accessed February 23, 2026. https://hbr.org/2010/04/turning-doctors-into-leaders
6. Boerner C. Leadership training effort looks to military, business. Vanderbilt Health News. Published September 26, 2013. Accessed February 25, 2026.
7. Till A, Jones P, McKimm J. Medical leadership and management: An international revolution. J Health Spec. 2015;3(3):139-143. https://doi.org/10.4103/1658-600X.159888
8. Clay-Williams R, Ludlow K, Testa L, et al. Medical leadership, a systematic narrative review: do hospitals and healthcare organisations perform better when led by doctors? BMJ Open. 2017;7(9):e014474. https://doi.org/10.1136/bmjopen-2016-014474
9. Jain SH. Tips for physicians transitioning to the business side of health care. Harvard Business Review. Published January 22, 2024. Accessed February 27, 2026. https://hbr.org/2024/01/tips-for-physicians-transitioning-to-the-business-side-of-health-care
10. Lerman C, Jameson JL. Leadership development in medicine. N Engl J Med. 2018;378(20):1862-1863. https://doi.org/10.1056/nejmp1801610