EDITORIAL

Leadership Development for the New Generation of Maxillofacial Surgeons - Part 1: Moving from the Physician to the Physician-Physician Leader

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ABSTRACT

Many maxillofacial surgeons hold critical leadership positions with no formal leadership training. Furthermore, many of them are anxious about the rapid transformation of healthcare, fearing the loss of values traditionally associated with doctors, such as autonomy and respect. In the first part of this series, I present on the one hand some core elements of the typical clinical training of physicians, and on the other hand, some critical leadership skills that physicians in leadership roles should pursue to effectively shape their organization on a large scale, to vividly show the disconnect in the capacity to build the maxillofacial surgeon-leader in the current complex hospital environment. The catalytic role of leadership in healthcare is also highlighted across quality and safety outcomes, physicians' well-being, and satisfaction.

KEY WORDS

Medical leadership, maxillofacial surgery, leadership skills, healthcare, surgeon-leadership workforce

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Medicine involves leadership, and many physicians assume significant leadership responsibilities throughout their careers [1]. But today, in the rapidly changing healthcare ecosystem, the explosion of daily knowledge is going off within clinical training institutions, fragmented and disorganized, to be meaningfully absorbed by maxillofacial surgeons with no formal leadership education, despite being central players in this transformation [2]. The result is a disconnect between the capacity of the surgeon-leadership workforce and the daily roles and needs of our expanding, increasingly complex hospital environments, which require skills beyond those developed during their clinical training, which focused only on clinical disease management and research.

During their residency training, maxillofacial surgery senior residents lead teams of junior residents, nurses, and other care personnel without any formal training or experience in managing teams effectively. In addition, they gain the skills to be self-sufficient and make decisions independently. To close this gap, maxillofacial surgeons will require leadership skills not acquired during traditional medical training [3]. Their individual hard work and best intentions can no longer guarantee efficient, high-quality care. When it comes to implementing ideas at scale, healthcare organizations must recognize that leadership skills aren't automatically endowed upon joining an organization, since there is no prior training in operations and program development.

Many physicians enter medicine not just to improve individual lives directly but also to make a difference on a larger scale by shaping the direction of their organizations. Many physicians become chairs, deans, or assume hospital executive roles. However, no tailored leadership training is regularly offered to them, and any promotion in the medical field is currently structured around clinical, research, or educational skills rather than leadership skills such as organizational behavior, strategy, decision-making, or conflict resolution.

Maxillofacial leaders should i) appropriately distinguish between urgent tasks and important non-urgent tasks, ii) identify tactics to build and manage high performance teams, iii) develop organizational strategies, iv) establish negotiation strategies focusing on understanding and engaging with people more effectively, v) demand respectful behavior from all team members articulating a strong commitment to collaboration, vi) not only own vision and develop ideas but also to build execution plans and implement them by being close to every detail shaping and doing the work, vii) be thoughtful and curious because most complex situations require thoughtful consideration rather than reflexive responses, viii) collect and process information, ix) focus on organizational alignment rather than outcomes, x) learn about the financial capital, xi) understand the social capital, skills, awareness, and the relationship aspects of leadership when people work together, xii) innovate and advance the care their hospitals provide, xiii) develop teams- a key leadership function for all healthcare professionals at all levels, xiii) build a process-improvement culture inside their organization, xiv) make hard decisions and handle hard conversations, xv) work across silos, xvi) carefully consider the colleague experience, xvii) act urgently and mindfully on burnout among physicians, xviii) lead person-to-person interactions that start with setting common values and a shared purpose for the institution, xix) learn to solve problems side by side with physicians finding mutual solution with them instead of them, xx) increase the focus on fundamental verbal and non-verbal communication skills and public speaking, xxi) embrace checklists and debriefings to improve quality and safety for every activity by deeply understanding and acting on quality and safety principles, xxii) coach and give feedback, xxiii) enhance interprofessional communication, xxiv) cultivate a strategic perspective, and xxv) be comfortable with recognizing, disclosing, and addressing errors.

These are some of the leadership skills that the new generation of maxillofacial surgeons must adopt effectively, underscoring the need for tailored training for each new challenge before taking on the next responsibility. Furthermore, this should happen, overcoming the risk of losing their clinical identities as they move into leadership roles [4]. As they continuously develop the core leadership skills required to lead and shape their institutions effectively, they must firmly hold on to the heart and practice of medicine, because without maintaining their physician identity, it will be hard to make distinctive contributions.

The importance of leadership in healthcare is well recognized and results in high standards of care. The Medical Leadership Competency Framework

(MLCF), developed by the Academy of Medical Royal Colleges and National Health Service (NHS) Institute for Innovation and Improvement, describes nine leadership dimensions to promote leadership within healthcare, such as inspiring shared purpose, sharing the vision, and developing capability, among others [5].

The concept of medical leadership has emerged as a critical issue in healthcare, with numerous institutions globally adopting measures to enhance leadership competency among physicians, focusing on team-based, patient-centered approaches, and addressing cultural sensitivity, crisis management, business skills, and digital literacy. In a single-center, qualitative study, 40 semi-structured, 50-minute interviews with physicians who were serving or had served in leadership positions found that the majority considered leadership important to their career success [6]. In addition, they discussed a new model of leadership comprised of the "Four Cs of Physician Leadership": Character, competence, caring, and communication, revealing a more holistic leadership framework.

The English NHS designed a quasi-experimental study using five years' data to examine the performance benefits of increased involvement of clinical professionals in senior leadership roles, based on quality and safety outcomes, patient experience, and hospital infection rates. Their findings support the view that medical leadership is an important field of activity with significant value in improving quality and safety, and they pass a message to policymakers to reinforce the importance and usefulness of investing in training and developing physician leaders [7].

Similarly, the Strengthening Primary Health Care Leadership: Global Capacity Building Course aimed to build technical and strategic leadership skills, focusing on a shared commitment with long-term interventions to improve health outcomes [8]. Their work indicated that significant attention should be paid to leadership development. It provided a comprehensive framework for physician leadership development that demonstrated increased career success, reduced burnout, and improved productivity, resulting in better healthcare quality outcomes.

Effective leadership also affects physician well-being, with lower burnout and higher satisfaction. It also equips physicians to lead larger, multidisciplinary teams better. Mayo Clinic has implemented nine organizational strategies to promote physician engagement and reduce burnout, highlighting as one core strategy the direct effect leadership can have on the professional satisfaction of individual physicians [9]. Evidence from their study of more than 2,800 physicians suggested that the leadership behavior of physician supervisors played a critical role in the well-being of the physicians they led. They pointed out that to harness the power of effective leadership, the right leaders should be selected, these individuals must be developed and equipped for their leadership role, and their performance should be regularly assessed by the individuals they lead.

But, the modern healthcare ecosystem is characterized by constant, unpredictable change, and despite recent leadership initiatives and strategies, medical leadership remains highly informal, sporadic, and fragmented. However, starting the maxillofacial leadership training and work very early at the grassroots level in a strictly structured way can benefit patients, physicians, and healthcare organizations in a holistic and sustainable way.

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