Team of Teams or Team of Rivals

Donald H. Jenkins, MD, *Rochester, Minnesota*

It is a pleasure and a great honor to be here, and thank you very much to the Eastern Association for the Surgery of Trauma (EAST) for this opportunity to share some thoughts with you today. In a little bit, you are going to hear two fantastic essays from two future leaders in trauma and very likely of this organization. I hope that the things that we talk about here today will put their essays and their thoughts into a bit of context.

I have decided to talk about a couple of modern-day stories, one more modern than the other, to see how they potentially apply to what we do in our day-to-day lives. We are going to talk a little bit about leadership, philosophy, some definitions, some practical points, and then do a little bit of a comparison of leadership challenges and maybe impart some of the secrets to the recipe for success in leadership.

Jago[1] said "good leaders are made and not born" and if you have the desire and the will-power, you can become an effective leader. Good leaders develop through a never-ending process of self-study.

"The real leader has no need to lead," wrote Henry Miller.[2] "They are content merely to point the way." Jerry McClain says, "The best example of leadership is leadership by example."[3] For writer Lewis Lapham, "Leadership consists not in degrees of technique, but in traits of character and it requires moral rather than athletic or intellectual effort and it imposes on both leader and follower alike the burdens of self-restraint."[4]

The quality of leadership, more than any other single factor, determines the success or failure of an organization.[5,6] "When the effective leader is finished with the work," wrote Lao-tse, "the people will say it happened naturally."[7]

I start with the premise that the function of leadership is to produce more leaders and not followers.[8] Abraham Lincoln himself said, "Nearly all men can stand adversity, but if you want to test a man's character, give him power."[9]

Ross Perot said that to lead and inspire people, "don't try to manage and manipulate people. Inventories can be managed and people must be led."[10] Andrew Carnegie presaged this sentiment more than a century ago with his observation that "No man will make a great leader who wants to do it all himself or to get all the credit for doing it."[11]

Thomas Jefferson has been attributed as saying, "In the matters of style, swim with the current. In matters of principle, stand like a rock."[12] Admiral Arleigh Burke said, "Leadership is understanding people and involving them to help you do a job. That takes all the good characteristics like integrity, dedication of purpose, selflessness, knowledge, skill, implacability, as well as determination not to accept failure."[13]

From the Mayo Clinic, we learn that as "…we leaders deal with tomorrow, our task is not to try to make perfect plans. Our task is to create organizations that are sufficiently flexible and versatile that they can take our imperfect plans and make them work in execution. That is the essential character of a learning organization."[14]

As surgeons, we have a tendency to have natural leadership ability. Surgeons have been touted as guiding, supporting, communicating, and coordinating.[15,16] We lead in the operating room, during trauma resuscitations, and during rounds. We are typically the head of a multidisciplinary team, and we are leaders in the education of students, residents, and fellows as well as our multidisciplinary team members. We are involved in research to improve treatments and outcomes. We are good at task management, but we are surgeons, and the leadership skills used in the aforementioned aspects of what we do on a daily basis do not necessarily translate into the skills necessary to run an organization, especially in shaping the future of health care delivery.[17] Surgeons hold key leadership roles in

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Address for reprints: Donald H Jenkins, MD, FACS, Past President of EAST, Consultant, Division of Trauma, Critical Care and General Surgery, Professor of Surgery, College of Medicine, Mayo Clinic, 200 First Street SW, Rochester, MN 55905; email: jenkins.donald@mayo.edu.

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organizations, local through international, most often because of their dedication over years to the work of that organization, not necessarily because they are the best leaders.

With regard to leadership and what has happened in hospitals across the nation over the past 75 years, physicians and surgeons have backed away from leading health care organizations because they claim they do not have enough time. In 1935, physicians led 35% of hospitals; by 2009, it was down to 4%.[18] I would implore you that when you find yourself on the outside of the board room looking in and wondering what those people are deciding for you, you are in a bad place and you really need to get reengaged and take on leadership challenges.

How do physicians and surgeons learn leadership? Is it passive observation of their mentors and peers? Who taught those people to be leaders? Do you become a leader in surgery by getting a few more letters behind your name (MBA, MPH, PhD, etc)? Can you go take a course? How does leadership development happen over time? What amount of course work time is dedicated in medical school to leadership development? In what part of the 80-hour workweek are residents trained in leadership skill development? Therein lies the challenge: how do you create more leaders or how do you as a surgeon lead within your organization—what makes it work? There are theories behind this.

There is the great man theory, that you are just born a leader.[19] There is a behavioral theory that teaches one to observe, teach, learn good lessons and bad lessons (what to do and what not to do), and then modify your behavior.[20] When something bad happens, leaders are naturally going to rise to the top and save the day are core concepts to the participative theory; there will be more about that later in this manuscript when we get around to Stanley McChrystal's ideas on this.[19]

To be successful as a leader, you have to be able to assess a situation and work with others to brainstorm on a solution, understanding the capacity and the capability of those you are working with and with which you have been given to work. This is all done in a culture that is not necessarily interested in change or spending money to make things better; hence, the need to be flexible.[21]

A good leader must follow through with the people that they are working with. Human nature invites competition. There are certain people who, in the middle of a meeting, will say no for the sake of saying no, and they cannot keep themselves from doing it. A good leader has to be able to deal with this type of individual, not shutting them down or cutting them off, but embracing their point of view to be certain all aspects of the problem and solution are adequately addressed.

If a leader does not have integrity, I do not know why anyone would be loyal and follow that person; thus, you must hold true to the mission. As all the aphorisms in the introduction have alluded to, this cannot be about you, the individual; it has to be about the greater mission and the greater purpose if you are going to be successful in leading the endeavor.

People who are being led believe that a leader should listen, that they should lead by example, and that they should provide opportunity, promote independence, and rejoice in the success of those being led. That is not necessarily a naturally occurring ideal held by many surgeons.[22] Now, can one person do all of those things for a young person who is being mentored? Perhaps not. Instead, maybe an individual needs different mentors for different aspects of their career because a single mentor may excel in one area but not in all of the areas necessary to fully develop the individual into the best possible surgeon and leader. Rather, a mosaic model, where several mentors work with the same mentee but on different aspects of their skill, personality, and leadership development based on their strengths as a mentor.

Traditionally, there are ways of achieving mentorship, which may not be the smartest way of doing things. Do you become a leader because you have individual achievements? Is it the strength you bring to the table in what you know or what you do or who you are? Can you build consensus? Doris Kearns Goodwin's thoughts on Abraham Lincoln and consensus will be discussed later.

As you look at the difference in styles of leadership, from a purely autocratic "do it my way or the highway" approach versus the approach of the freewheeling leader where "we don't need cubicles, let's just all sit around in a big office space and play video games", you will need to be able to use several of those styles over time depending on the situation. Probably somewhere in the middle is where a good leader needs to be, and I suspect that when we get done talking about this, that you are going to find Lincoln and McChrystal close together here on that grid (Fig. 1).

A surgeon's individual leadership attributes as a surgeon may not make up for his/her personality nor necessarily be

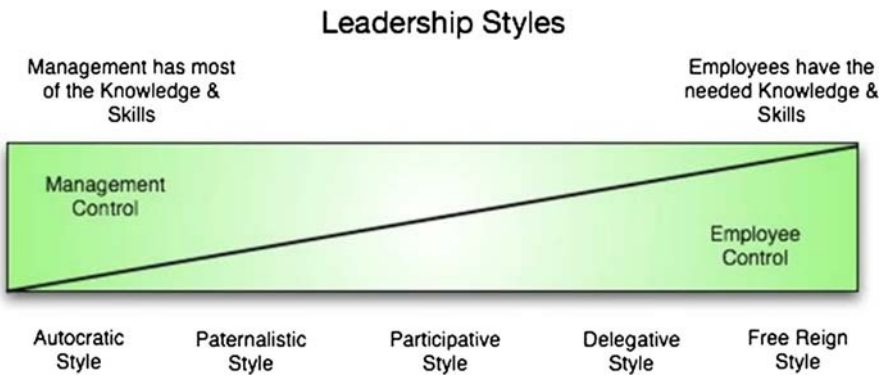

Figure 1. Leadership styles. Created by Dianne Richardson, April 12, 2016, at Mayo Clinic TCGS Division.

beneficial in leading organizations because what works well when leading an operation or a trauma resuscitation may not work at the organization level to use those same attributes, which make him/her a good surgeon. The good leader must be able to solve problems, have good social judgment skills, and avoid a mentality that "if everyone just did it my way, then everything would be great and we wouldn't have a problem." That simply does not work in big organizations.

When we look at *Team of Teams: New Rules of Engagement for a Complex World* written by General Stanley McChrystal early in Operation Iraqi Freedom, the enemy was inside our decision-making cycle (Fig. 2).[23] The enemy figured out a way to hurt troops, and it took us a certain amount of time to figure out how to prevent that. Before the solution could be used, the enemy had already developed a new way of hurting troops worse than before, and decisions could not be made fast enough to prevent this.

Information was not being shared the way it should have been. The Army engineers would go on a route-clearing mission and uncover a new way of the enemy's ability to wage war but kept that information within the engineers. The next day, the Marines go out on the same route that had been cleared and get injured because no one told the Marines what to watch out for.

Although there were highly functioning teams, they were not in good communication. Special Operations Forces (SOF), the mostly highly trained, physically adept, mentally capable group of people you could ever want to meet were pitted against people who were not so well trained or well equipped, but the enemy was winning. A lack of coordinated effort within SOF, between the information gathering and intelligence capabilities, which were so good, was responsible for the problem; SOF teams just were not being effectively managed.

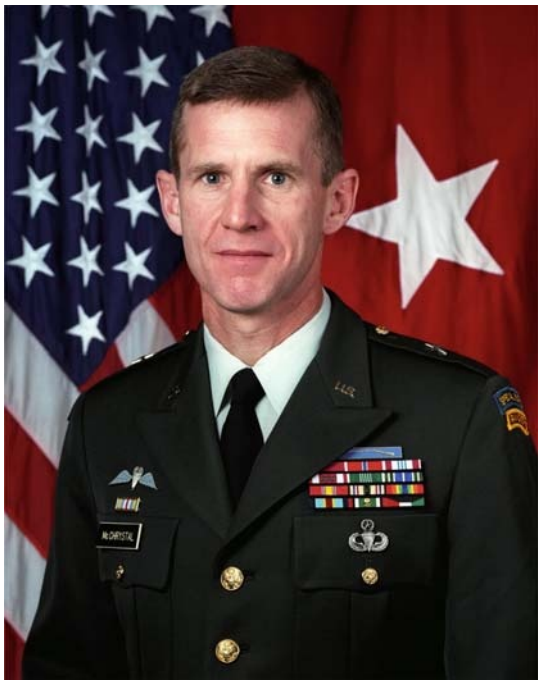

Figure 2. General Stanley A. McChrystal, US Army. Photo by Scott Davis/Department of Defense/Public Domain.

General Stanley McChrystal comes in and gets put in charge and, in his book, wrote "… we have to change the way we think, act, and operate as if we're going to win"—we find the challenge to overcome. Do not embrace the status quo, he said; instead, constantly seek to redefine it. "Feeling comfortable or dodging criticism should not be your measure of success."[23] I think those are really words to live by.

In his own mind, he as a general had to stop trying to control everything. He had to keep an eye on the core values and the mission but change from an all-knowing puppet master to an emphatic crafter of culture, in his own words. Nurturing his organization and using the full talents of the people who were put under his charge was paramount. There was no time and no place for blame in this situation, and they had to learn quickly from the mistakes and adjust their strategy and communicate the same, thus putting the people who know what they are doing in charge of those decisions, which meant sharing power. A four-star general sharing power with subordinates: likely a first.

The troops went from doing what they were told to being so well informed about the issues that power was shared and sharing became the new norm. Now the troops could connect the dots on the fly and make life-saving decisions, responding to the unexpected in rapid fashion, changing from predicting to reconfiguring, which helped increase resiliency.

One hundred and fifty years before McChrystal was another fellow who was faced with a big challenge, Abe Lincoln (Fig. 3). It was a bitter campaign to win the Republican party presidential nomination. Edward Bates, Salmon Chase, and William Seward were all his rivals, competitors, for this position, and they were all favored. Lincoln was the fourth of the four. The debates were as fierce as any of the debates seen in the past decade on television.

We know what happened. Lincoln won the election, and what Lincoln did was the unthinkable. Let us just imagine for a second, and I am not here to give a political message of any kind, but let us just imagine for a minute that a certain billionaire won the presidential election in 2016. Could you see that person bringing on to his cabinet people who dropped out of the race after they had criticized the newly elected president back on the campaign trail?

I cannot imagine it, personally, but that is exactly what Lincoln did, because he said, "in order to get past this civil war and strife and to reunite the Union that we needed the strongest men of the party in the Cabinet. We needed to hold our own people together and I looked the party over and concluded that these were the very strongest men and then I had no right to deprive the country of their services."[24]

It led to some interesting things over the remainder of his time in office, the remainder of his life. Lincoln was a coalition builder. Seward and Bates early on really challenged Lincoln on key points, but as Thomas Jefferson had said, he did not waver in principle. Both of those individuals came to really appreciate and respect and admire Lincoln.

Chase, on the other hand, decided that he could wait it out for four years and schemed against Lincoln with the Cabinet. Despite that and outward criticism, Lincoln kept him on because of his talents at financing the war. He did not win the 1864 election; in case you do not know your history, Lincoln did.

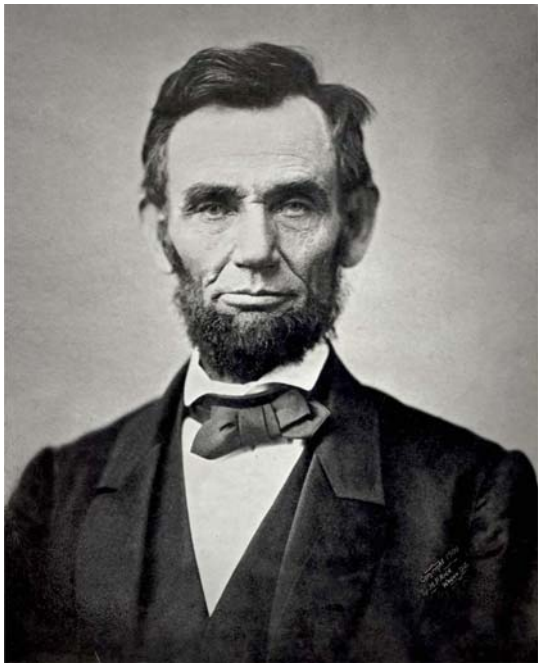

Figure 3. Abraham Lincoln, November 8, 1863. Photo by Alexander Gardner/Wikimedia Commons/Public Domain.

The country went from terrible adversity to success: passing the 13th Amendment, the Union was preserved when the North won the Civil War, and Lincoln appointed Chase as the Supreme Court Chief Justice, again because he knew that he was the best man to secure the rights of the newly freed black citizens. Seward was quoted as saying, "It is due to the President to say, that his magnanimity is almost superhuman. The President is the best of us."

How did Lincoln do that? Well, one of the hallmarks of leadership that Lincoln possessed was, when dealing with recalcitrant but important subordinates, he firmly asserted his own policy and responsibility for it but did it in such a way that people would not take a personal affront to it that could create an enemy and lose the participation.

If you shut down someone who is trying to make a point counter to yours, when you need that intellectual property of that individual, you likely will not be hearing from them too often in the future. In my center, I hear more brilliant things about trauma care come out of the mouths of my orthopedic and neurosurgery liaisons to the trauma program, having nothing to do with their disciplines, than I do from nearly anyone else. If you need the intellectual property of those people, you have to figure out how to embrace them.

Certainly, Lincoln's steadfastness of purpose was inspiring, leading by example and how he rose above those personal slights that were slung at him on a daily basis and was able to get along with men with clashing ideologies who could not even get along with one another.[24]

So what are the lessons to be learned for our young trauma surgeons embarking on a brand-new career? This encompasses everything from as simple as leading a trauma resuscitation to leading an organization at the state, national, or international level.

The challenges you face are to establish authority and be a good decision maker. Share a common purpose, a sense of purpose, a common goal, and develop a strategic plan with measurable outcomes. In the trauma bay, that is captured in the Advanced Trauma Life Support teaching. If our goal is to get out of the trauma bay in a certain number of minutes and keep the patient alive, one must follow through, keep the pace, be encouraging, and lead by example.

How you make your team get out of the trauma bay efficiently is largely dependent on how you lead. Even the football coach knows when to whisper in the ear of the placekicker: "Don't worry about it. You will make the next one"; or to know when to hit him over the helmet with a clipboard to achieve the appropriate motivation; one approach is not always successful in every situation. You have to make those tough decisions, often in the heat of the moment. There are times you have to do one or the other. The coach did not have this talk about leadership; he/she became the coach and learned over time when to use these various strategies.

Conflict resolution is one of the most important facets of leadership to grasp. Expressing one's self effectively while not creating an enemy with a person you need to work with if you are to be successful. Dr. Ronald Stewart, chair of the American College of Surgeons Committee on Trauma has a favorite book by Marshall Goldsmith[25] that he shared with me In the book, he talks about how what got you to where you are will not get you to where you want to be. You need a new set of skills further up the chain that you go to be successful. A lot of that has to do with your communication style, leadership skill set, and how you adapt to this changing role and environment.

You most certainly want to involve the people on the team. You do not want nurse practitioners or physician assistants or bedside RNs to hide something because they are afraid if they say something that they will be verbally abused for having said something. That is not the culture, not the environment, you want to be in if you are going to be a successful leader. You want to actively listen and at every opportunity negotiate for a win-win.

In my first tour as the in-theater trauma medical director for United States Central Command, I learned a powerful lesson from then Brigadier General Elder Granger, Commanding General of the 44th Medical Command out of Fort Bragg. Something would come across in an e-mail to the General, one of the most stupid things I have ever seen in an e-mail in my life, and I would send a note to the General, a two-paragraph diatribe on how this was so wrong and he needed to fix it, but he would merely reply to me, "thanks".

After about three of those notes and responses, I cornered him in the office and said you have to explain it to me, sir, I do not get it. He said, "I don't necessarily disagree with you, but I don't have to say yes or no. There is way more to this story than you understand, son." I was learning to lead in a different kind of way. I learned that you do not have to say no. If someone comes up with an idea that is perfectly acceptable, you can just say I am going to think about that, and we are going to figure out how to do that. As prior trauma program managers I have worked with in the past know, after a while, you make it a two-challenge rule. If I ask them to do something and I forget about it, then it is not necessarily done the first time. If I ask a second

time, it must be important enough to get done, so if it is important enough to get done, you have to make sure you follow through. Again, you are working with a team, each member of which has his or her own priorities. To be successful and keep the team together, you must make your priorities their priorities.

You want to steer members toward that goal, using the available resources, while involving the team. I often say that while we are open to your ideas, know that this trauma center is not a democracy. At the end of the day, someone has to make a decision and take ownership of it.

The Army has a wonderful organizational ethos, and EAST has a wonderful organization ethos. At the beginning of every board meeting, they read the EAST mission and vision statement and keep that at the center of the discussion.

My personal thoughts on this are my team of people, whether it be at the bedside in the resuscitation or be it at the National Trauma Institute, is a little bit like the grade school kickball team. These are the people who showed up and volunteered to do it. They have differing skill sets, I cannot trade and get Michael Jordan, and I cannot buy a team of teams. I have what I have, and we have to make the use of the talents of those people to the best of our ability.

I think that if you are involved in an organization such as this, be it at your hospital or be it at EAST, to get involved, you need to put your hand in the air and volunteer and go sit at the table and do the work. Pay attention to what the leader is saying and really pay attention to the details. If you want to lead, then be the example. Value the people who are put in your charge. You cannot do this alone. Also, do what you are assigned, and do it better than was expected and turn it in early; that will get you the credibility that you are looking for to rise up that ladder of leadership.

Be at the meetings, all the meetings. Put down the smart phone. Pay attention in the meetings and interact in the meetings where it is appropriate. You are going to learn the most about the organization in this way. What you need to be careful of is, are you representing the interests of the people or your own?

I think the EAST members are our most precious resource, and each member of EAST must feel privileged and engaged and inspired by the mission and vision and be able to relate how the work he or she does strengthens and perpetuates EAST.

Lifelong learning, development, and mentoring of our heritage and culture, as articulated through the expression of professionalism and the improvement of science, will sustain the members and inspire them and facilitate the recruitment and retention of the best and brightest.

Few are born to lead, but you can learn to lead; and we have to take into account that the attributes that make us good surgeons do not necessarily make us good leaders. Learn the job from the ground up and embrace the fact that no one deserves to lead. You have to do it the old-fashioned way, by earning it. Keep an open mind and invite critique; it is okay to change your mind, but do not be swayed by groupthink, and never hesitate to ask for advice from a mentor. We can take lessons from both McChrystal and Lincoln and apply them to our everyday lives. In matters of leadership, as we flavor the mixture of those being led in the bubbling cauldrons of our organizations, we should choose carefully the type and amount of spice that will lead to the most delicious meal using the most apt leadership styles for the necessary effect while not getting burned.

DISCLOSURE

The author declares no conflict of interest.

REFERENCES

1. Jago AG. Leadership: perspectives in theory and research. *Management Science*. 1982;28(3):315–336.
2. Miller H. *The Wisdom of the Heart*. New York, NY: New Directions Publishing; 1960:46.
3. Shead M. Leadership quotes. Leadership501. Available at http://www.leadership501.com/leadership-quotes/316/. Accessed January 10, 2016.
4. "Leadership quotes." The Performance Juxtaposition Site. Published July 13, 1995. Available at http://www.nwlink.com/~donclark/leader/leadqot.html. Accessed January10, 2016.
5. Chemers M. *An Integrative Theory of Leadership*. Mahwah, NJ: Lawrence Erlbaum Assoc; 1997.
6. Fiedler FE. Situation control and a dynamic theory of leadership. In: Grint K, ed. *Leadership: Classical, Contemporary and Critical Approaches*. Oxford, UK: Oxford University Press; 1997.
7. Lao-tse . Chapter 17. In: Mitchell S (trans). *Tao Te Ching: A New English Version*. New York: Harper & Row; 1988.
8. Nader R. izQuotes. Available at http://izquotes.com/quote/133575. Accessed January 10, 2016.
9. Lincoln A. Quotes on character. Leadership Now site. Available at http://www.leadershipnow.com/characterquotes.html. Accessed April 12, 2016.
10. Kruse K. 100 Best Quotes On Leadership: Ross Perot. Forbes. Available at http://www.forbes.com/sites/kevinkruse/2012/10/16/quotes-on-leadership/#3b8075e71064. Accessed January 10, 2016.
11. Carnegie A. Quotes – Andrew Carnegie. Available at: http://www.goodreads.com/author/quotes/23387.Andrew_Carnegie. Accessed January 10, 2016.
12. Huff E. The Jefferson Monticello. Available at https://www.monticello.org/site/jefferson/matters-style-swim-currentquotation. Accessed January 10, 2016.
13. Montor K. *Naval Leadership: Voices of Experience*. Annapolis, MD: Naval Institute Press; 1998:18.
14. Sullivan GR, Harper MV. *Hope is Not a Method*. New York, NY: Time Books; 1996:189.
15. Parker SH, Yule S, Flin R, McKinley A. Surgeons' leadership in the operating room: an observational study. *Am J Surg*. 2012;204(3):347–354.
16. Patel VM, Warren O, Humphris P, Ahmed K, Ashrafian H, Rao C, Athanasiou T, Darzi A. What does leadership in surgery entail? *ANZ J Surg*. 2010;80(12):876–883.
17. Rosenberg L, Schlich T. Twenty-first century surgery: have we entered uncharted waters? *Bull Am Coll Surg*. 2012;97(7):6–11.
18. Zhuge Y, Kaufman J, Simeone D, Chen H, Velazquez O. Is there still a glass ceiling for women in academic surgery? *Ann Surg*. 2011;253(4):637–643.
19. Carlye T. *Lectures on Heroes, Hero-Worship, and the Heroic in History*. Lincoln, Nebraska: University of Nebraska Press; 1966.
20. Cherry K. Leadership theories and styles. About.com. Available at http://psychology.about.com/od/leadership/a/leadstyles.htm. Accessed January 8, 2009.
21. Doyle M, Smith M. Classical models of managerial leadership: trait, behavioural, contingency and transformational theory. *The Encyclopedia of Informal Education*. Available at http://www.infed.org/leadership/traditional_leadership.htm. Accessed April 12, 2016.
22. Singletary SE. Mentoring surgeons for the 21st century. *Ann Surg Oncol*. 2005;12(11):848–860.
23. McChrystal S, Collins T, Silverman D . *Team of Teams: New Rules of Engagement for a Complex World*. New York, NY: Portrait/Penguin Random House; 2015.
24. Goodwin DK. *Team of Rivals: The Political Genius of Abraham Lincoln*. New York, NY: Simon and Schuster; 2005.
25. Goldsmith M, Reiter M. *What Got You Here Won't Get You There: How Successful People Become Even More Successful*. New York, NY: Hyperion; 2007.