Leadership

Leadership is both a research area and a practical skill encompassing the ability of an individual or organization to "lead" or guide other individuals, teams, or entire organizations.

US academic environments define leadership as "a process of social influence in which a person can enlist the aid and support of others in the accomplishment of a common task".

The literature debates various viewpoints: contrasting Eastern and Western approaches to leadership, and also (within the West) US vs. European approaches.

Leadership seen from a European and non-academic perspective encompasses a view of a leader who can be moved not only by communitarian goals but also by the search for personal power.

Leaders in health care play a large role in successful achievement of quality and safety goals through an overt commitment to both quality and safety, fostering a culture of quality improvement and clear and consistent communication of goals and plans. Specific training for frontline providers, managers, and staff is critical in developing skilled leaders with a quality and safety orientation. Many models exist for organizational leadership development, and exemplars of quality and safety leaders have openly shared the keys to their successes for others to raise the bar ¹⁾.

While many current and aspiring neurosurgeons are looking to supplement their clinical practices with leadership positions, there has not been researched characterizing current leadership positions such as fellowship directors (FDs) in neurosurgery to provide insight into objective qualities that distinguish these individuals from the rest of the workforce. This study aims to outline the current characterization of spine, endovascular, pediatric, and stereotactic & functional neurosurgery fellowship directors.

A list of accredited neurosurgical fellowship programs located within the US and their respective directors were acquired through the AANS Neurosurgical Fellowship Training Program Directory. This study obtained educational, demographic, institutional, research, and professional background variables through curriculum vitae, institutional profiles, personal websites, emails, and the Scopus database.

Of the 152 FDs analyzed, 143 (94%) were male, 9 (6%) were female, and the mean age was 52.2 \pm 8.5 years. The mean Scopus H-index and mean total citations for all FDs was 27 \pm 15.7 and 3782.1 \pm 4526.7, respectively. Furthermore, the majority of FDs were Caucasian (69.1%), followed by Asian (20.4%), Black or African American (5.3%), and Hispanic or Latino (5.3%). The mean number of years as FD was 8.9 \pm 7.2.

This analysis showed neurosurgery fellowship directors are primarily Caucasian males. Neurosurgery training pedigree seems to play a role in FD attainment. In addition, these directors are largely distinguished by their research productivity. This analysis serves as an insight into the current climate for students aspiring to serve as academic leaders in the field of neurosurgery ²⁾.

Surgical specialties consistently remain among the most competitive residency and fellowship programs with some of the highest rates of unmatched applicants. Attrition in surgical specialties is as high as 30% and particularly problematic given the extended duration of the training and a limited number of positions. Applicants are traditionally evaluated using a streamlined set of objective metrics, such as board scores, class rank, leadership, letters of recommendation, research productivity, and volunteerism. Consumer credit scores have been shown to be predictors of personality and work performance, however, the literature has yet to explore consumer credit histories in the context of surgical resident and fellow performance. This study aims to determine whether consumer credit scores of surgery residents and fellows are predictive of academic and professional performance. Methods This is a multi-institutional observational survey study across all American Council of Graduate Medical Education and Royal College of Physicians and Surgeons accredited surgical residency and fellowship programs in the United States and Canada. Ninety-nine surgical residents and fellows with the educational status of post-graduate year two or higher participated in this study. Dichotomous (yes or no) survey items were formulated to assess performance indicators in the domains of notable achievements and awards, research output, written examination performance, professionalism, and surgical/technical skills. Three-digit Fair Isaac Corporation (FICO) credit scores, a widely accepted consumer reporting score, were collected to avoid calculation variability between algorithms. Results Surgical residents and fellows reported credit scores between 611(fair) and 853 (exceptional) with a median (interguartile range) of 774 (715-833). The majority of participants 51.5%(51) reported very good credit scores. Those with higher credit scores (very good/exceptional) were 377% more likely to have one or more positive performance indicators OR (95% CI) = 3.77 (1.43-9.97). Similarly, residents with lower credit scores (fair/good) were only 40% more likely to have one or more negative performance indicators. The credit score has a moderate ability to distinguish between the presence and absence of positive performance indicators (area under the curve $\{AUC\} = 0.70$, p = 0.001). The use of 753 as a credit score cutoff is 78.9% sensitive and 52.4% specific for discerning surgery residents and fellows with one or more positive performance indicators. The credit score did not significantly discern those with negative performance indicators. Conclusions While credit score was significantly functional in discerning those with and without positive performance indicators, sensitivity and specificity rates leave much to be desired. This study suggests credit score may have a utility as a companion to traditional metrics used in identifying candidates for surgery residencies and fellowships who will have positive performance in the domains of research productivity, written examination performance, and professional awards and recognition. Additional studies are needed to assess this utility on a larger scale³⁾.

Participative leadership

see Participative leadership.

Leadership in neurosurgery

Leadership in neurosurgery.

Leadership training

Leadership training

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McKean EL, Snyderman CH. Leadership Driving Safety and Quality. Otolaryngol Clin North Am. 2019 Feb;52(1):11-22. doi: 10.1016/j.otc.2018.08.002. Epub 2018 Sep 24. Review. PubMed PMID: 30262167.

Parikh PP, Elahi MA, Arya N, Lin KK, Moore ML, Patel NP. Characterization of neurosurgery fellowship directors: strengths and room for improvement. J Neurosurg Sci. 2022 Apr 5. doi: 10.23736/S0390-5616.21.05621-6. Epub ahead of print. PMID: 35380202.

Berry JA, Marotta DA, Savla P, Tayag EC, Farr S, Javaid R, Berry DK, Buckley SE, Rogalska A, Miulli DE. Predictive Value of Credit Score on Surgery Resident and Fellow Academic and Professional Performance. Cureus. 2021 Jun 26;13(6):e15946. doi: 10.7759/cureus.15946. Erratum in: Cureus. 2021 Dec 13;13(12):c55. PMID: 34336444; PMCID: PMC8313003.

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