

Educational Leadership and Choice of Postgraduate Surgical Training

How we choose what we choose in various aspects of life, including our profession, is a complex topic. Ambition, ability, availability, affability, affordability, and adaptability among other factors clearly play a role. At times, it is plain old serendipity. In several studies and surveys, having a personal interest in the subject is commonly cited as the main reason for taking up a profession. A deeper look at how the interest was developed often reveals the role of a “role model.” In a majority of instances in the surgical field, this could be a senior surgeon who stands out as a leader. In other words, he/she demonstrates the attributes of an educational leader by his/her actions, as “action speaks louder than words.” This could be in practically demonstrating desirable attributes such as honesty, integrity, empathy, skills (technical as well as nontechnical or soft skills), reliability, and placing the needs of others before self. This article aims to provide a brief introduction to educational leadership and highlight the role of the educational leader in inspiring future generations of surgeons.

So, what is educational leadership? It is obviously leadership in the context of an educational setting. What is leadership? According to Harry Truman, the 33rd US president, a leader is “a man who can persuade people to do what they don’t want to do, or do what they’re too lazy to do, and like it.”

The great Greek philosopher Aristotle (384–322 BC) said that “from the hour of their birth, some are marked out for subjection, others for rule.” Aristotle taught that freemen are mostly born of free parents. Only those born into the leisure class could be citizens. Likewise, the sons of slaves remained slaves, for as laborers, they lacked the time necessary for the leisurely contemplation of the ultimate good. Their task was to work. Even though in academic discourses, we talk of various theories of leadership, in practice, the ideas of leadership in the contemporary world are still largely based on the teachings of Aristotle. This is borne out by the statistics; a recent Oxfam report^[1] suggests that eight men own the same wealth as the 3.6 billion people who make up the poorest half of humanity. Another report suggests that a minority of the world’s population (17%) consume most of the world’s resources (80%), leaving almost 5 billion people to live on the remaining 20%. As a result, billions of people are living without the very basic necessities of life – food, water, housing, and sanitation.^[2]

In contrast to the above, Prophet Muhammed (PBUH) taught a very unique perspective on leadership. He highlighted the leadership potential in each one of us and emphasized the concept of delegation, responsibility, and accountability as evidenced by the following hadith “Every one of you is a

shepherd and is responsible for his flock. The leader of people is a guardian and is responsible for his subjects. A man is the guardian of his family and he is responsible for them. A woman is the guardian of her husband’s home and his children and she is responsible for them. The servant of a man is a guardian of the property of his master and he is responsible for it.” (Ṣaḥīḥ al-Bukhārī 6719, Ṣaḥīḥ Muslim 1829). He demonstrated the important leadership skill of delegating while maintaining accountability. This was an entirely novel approach to the idea of leadership and empowered and motivated everyone to learn and practice leadership, not just the privileged few. Thus, leadership was democratized in a unique way. The results of this approach were evident for several centuries thereafter.

Greenleaf^[3] wrote his influential essay that laid the foundation of the concept of servant leadership. In this essay, he wrote “The servant-leader is servant first... It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first, perhaps because of the need to assuage an unusual power drive or to acquire material possessions...”

James Downton, an American sociologist, in his book, *Rebel Leadership*,^[4] introduced the concept of a dynamic interaction between the leader and the follower(s) in a manner that leads to a higher level of motivation and achievement (transformation) in both. He called this transformational leadership. This concept was further developed by Burns in his book *Leadership*,^[5] in which he suggested that the leaders and followers are collaborators working toward mutual benefit. Furthermore, “that people can be lifted into their better selves is the secret of transforming leadership.”^[6] Bass^[7] developed this theory further by explaining the underlying psychological mechanisms that help a transformational leader to inspire and lead, through his idealized influence (charisma), intellectual stimulation and personal consideration, foster trust, admiration, and loyalty in his followers that lead them to aspire beyond self-gain, a unique sense of identity.

By adapting the teachings of Prophet Mohammed (PBUH) that each one of us could and should take on leadership responsibilities, it is imperative that we seek to acquire leadership capabilities. As recommended by Khoshhal and Guraya,^[8] it is necessary that all physicians receive formal leadership training as all of them will perform as leaders in their own capacities.

From an individual’s perspective, if we have the right intention of serving rather than just wielding power, we will be helped in our journey to become transformative leaders as the Prophet

said, “do not ask for a position of authority, for if you are granted this position as a result of your asking for it, you will be left alone and if you are granted it without making any request for it, you will be helped (by Allah)” – Sahih Muslim (Vol. 3, no. 1013). In light of the above, it is imperative on each one of us to develop qualities that go toward making us leaders, who motivate and inspire those around us, to explore vistas even beyond what we could in the quest for the greater good of our fellow human beings.

In conclusion, surgical trainers have the unique privilege of embodying the virtues of two noble professions, those of a doctor and a teacher. By carrying out this responsibly and displaying leadership skills, it is possible to inspire and motivate several young doctors and thereby contribute to the development of the respective specialties.

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