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Commentary: The behavior of leaders

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We read the article from Dr Pasque regarding surgical training with great interest.¹ Dr Pasque has provided excellent advice for trainees regarding preparation, development of lifelong learning habits, handling uncomfortable learning opportunities, and being kind to staff and fellow trainees.

We disagree, however, with the thoughts expressed in the section titled “You Are a Lightning Rod.” In the manuscript it says that “even the nicest CT surgeon” can become abusive while venting stress. Physical, emotional, and mental duress are part of our profession. How surgeons behave in moments of stress is a litmus test of character. Surgeons at all levels must be held to high standards of thoughtful and rational behavior under duress. Such behavior is indeed an integral part of what makes a great surgeon and leader.

We oppose the idea that trainees need to “suck it up and take the hit” when faced with abusive behavior. No trainee should consider abusive behavior to be a requirement of surgical education. In our current environment, trainees do not report most episodes of abusive behavior against them.^{2,3} The idea that abuse builds character and is necessary is a misconception that needs to be set aside. Trainees who are abused are incurring repetitive aggression that will in fact hinder their ability to learn. In addition, repetitive abuse of trainees has been shown to increase the risk of burnout, attrition, and suicidal ideation.^{4,5}

We also disagree that derogatory attacks are not personal, and that silence is the best response. Minorities and female



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CENTRAL MESSAGE

The behavior and approach to learning that trainees adopt will influence their learning. Similarly, the behavior of their attendings will affect the learning environment.

trainees tend to be bullied more frequently, indicating that there is probably some degree of a personal nature to the attacks.⁶ Also, a culture of silence has been shown to encourage further bullying.⁷

We cannot expect residents to do the “hard work” of enduring abuse and then excel during their surgical training. Trainees who show decreased interest in working with an abusive surgeon are not exhibiting passive-aggressive behavior but instead self-protective behavior. Residents must be encouraged and empowered to respond firmly and calmly with a simple “That’s inappropriate, sir or ma’am.” A simple yet effective response like this hopefully will stem the abusive behavior without causing significant disruption, even in the operating room. Patient care is the responsibility of the entire team. An attending surgeon who engages in such behavior is not acting as an effective leader to trainees. As attending surgeons, we want to teach our trainees to operate and take care of patients. However, we also want to teach them to be effective leaders who conduct themselves with honor and dignity. A technically excellent surgeon will not succeed if that surgeon fails to display professionalism repeatedly.

We agree that surgical training is improved by being other-focused. Other-focused surgeons place the collective good above their own. But doing the uncomfortable work of speaking up against abuse is an example of

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other-focused behavior. Speaking up in an effective but nonconfrontational manner will create a more positive environment for everyone and help trainees in the future.

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