

# LEADERSHIP AND YOUR SOCIAL STYLE: Maximizing success

## ON BEHALF OF THE LEADERSHIP DEVELOPMENT COMMITTEE OF THE SVS

At the 2014 Vascular Annual Meeting in Boston, the SVS Leadership Development Committee held a three-hour postgraduate course on Leadership and Social Styles. The significance of knowing your own social style as well as the ability to recognize others, and the concept of versatility were demonstrated. It is critical for you as a current and future physician leader to first know yourself in order to better interact with and lead others.

As a leader in many different settings, it is important to understand what differentiates you from a manager. You often times have to function in a managerial role, executing a vision, breaking down a strategic plan into a roadmap, directing a team, and establishing process management. However, as a strong leader you will also chart the vision and path for your team's future, inspire those within your organization, and uphold the characteristics of honesty, integrity, and transparent communication. Leadership in its simplest definition is the ability to get peo-

ple to understand and believe in your vision, as well as the ability to encourage them to align their perceptions and behaviors with yours.

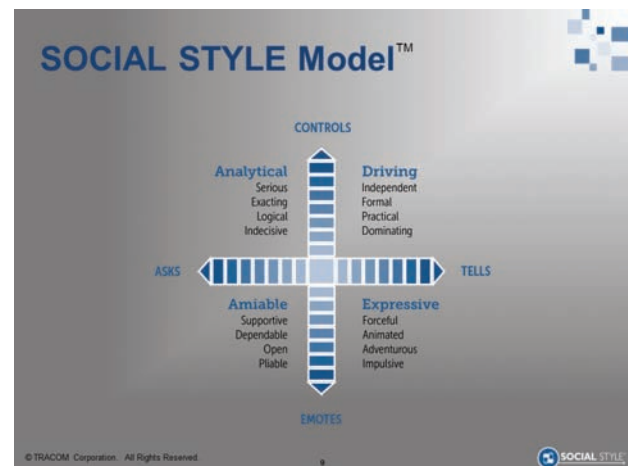
The Social Style Model (SSM) was the focus of the postgraduate course; it is similar to one of the more commonly utilized assessments, the Myers-Briggs Type Indicator (MBTI), by which you gain a complete picture of yourself, as well as that of others. However, the SSM focuses on behaviors and actions while the MBTI focuses on personality and preferences.

Social style is measured on two basic dimensions of observable human behavior: those of assertiveness and responsiveness. Basically, do you ask or tell during interactions with others? Do you take the lead and speak openly and directly? Or do you wait and respond to input from others? To what degree do you either control or display your emotions and interactions? Do you express yourself outwardly or maintain composure? These simple questions will define your underlying social style that resonates on a personal level.

Using the SSM, there are 4 unique patterns of behavior: (1) The driving style, which is characterized by a

fast-paced assertiveness and emotional control; drivers tend to be efficient and in charge with a focus on the big picture but spend little time investing in relationships. (2) The expressive style, which is similarly characterized by a fast-paced assertiveness, however, expressives have less control of emotion; they tend to be creative and inspirational, but lack focus. (3) The analytical style, which is characterized by a slower more passive pace and emotional control; in order to avoid personal involvement, analyticals tend to ask a lot of questions and avoid giving orders. (4) The amiable style is characterized by a similar slower pace, but instead is more openly emotional, friendly, and warm; they, too, have a tendency to ask question as opposed to giving orders, but, this is in an effort to maintain relationships.

For further information, a multitude of explanations may be found in



articles, in books, and through an internet search; a social style self-perception questionnaire may be obtained at [www.tracomcorp.com](http://www.tracomcorp.com).

The fundamental use of the social styles is characterization of your daily interactions with others. Each of us has a baseline style that we are most comfortable with; however, understanding others' social styles and adapting to situations is crucial to improving relationships and becoming a more effective leader. This is known as versatility, which is the third dimension of the SSM after assertive-

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### Indications for Use:

#### Complete SE used in the Iliac artery

The Medtronic Vascular Complete SE Vascular Stent System is indicated for improving luminal diameter in patients with iliac stenosis in previously unstented lesions with vessel reference diameters between 4.5 mm and 9.5 mm and lesion lengths up to 110 mm. The stent is intended as a permanent implant.

#### Complete SE used in the Superficial Femoral/Proximal Popliteal arteries

The Complete SE Vascular Stent System is indicated to improve luminal diameter in symptomatic patients with de novo and/or restenotic lesions or occlusions of the superficial femoral artery (SFA) or proximal popliteal artery (PPA) with reference diameters ranging from 4 mm and 7 mm and lesion lengths up to 140 mm.

**Contraindications:** The Complete SE Vascular Stent System is contraindicated in:

- patients who are judged to have a lesion that prevents complete inflation of an angioplasty balloon or proper placement of the stent or stent delivery system
- patients who cannot receive a recommended antiplatelet or anticoagulation therapy

**Warnings and Precautions:** The Complete SE Vascular Stent System should only be used by physicians and medical personnel trained in vascular interventional techniques (including advanced iliac artery or SFA angioplasty or stenting techniques) and trained on the use of this device. Specific training expectations are described in the Physician Training Requirements of the device's *Instructions for Use*.

The Complete SE Vascular Stent System is provided sterile for one procedure only. Do not re-sterilize. Use prior to the "Use By" date noted on the package. Do not use if the temperature indicator found on the inner pouch is changed from a gray square to a black square as this indicates the unconstrained stent diameter and stent release may be compromised. Do not deploy the stent if it is not optimal or appropriate for the vessel. Prior to stent deployment, utilize fluoroscopy to verify the stent has not been damaged or dislodged during positioning. Prior to completion of the procedure, utilize fluoroscopy to ensure proper positioning of the deployed stent. If the target lesion is not completely stented, use additional Complete SE Vascular Stents as necessary to adequately treat the lesion. If your patient cannot be adequately anticoagulated, it is unknown whether thrombus formation may occur with this product. The use of overlapping stents with the Complete SE Vascular Stent System has not been formally evaluated in a clinical trial; overlap stents have been evaluated on the bench/Finite Element Analysis (FEA) and results are on file at Medtronic. Caution must be taken when crossing the stented area with ancillary equipment to avoid dislodgment of the stent.

**MRI Safety and Compatibility:** The Complete SE Vascular Stent System is MR Conditional. It can be scanned safely in both 1.5T and 3.0T whole-body-cylindrical MR systems under certain conditions as described in the product *Instructions for Use*. For additional information regarding MRI, please refer to the *Instructions for Use*.

**Potential Adverse Events:** Adverse events that may occur or require intervention include, but are not limited to the following: abrupt stent closure, allergic reaction (contrast medium; drug; stent or filter material), amputation or limb loss, aneurysm or pseudoaneurysm (in vessel or at vascular access site), angina or coronary ischemia,

arrhythmia (including premature beats, bradycardia, atrial or ventricular tachycardia, atrial or ventricular fibrillation [VF]), asystole or bradycardia (requiring placement of a temporary pacemaker), arteriovenous fistula, bleeding complications from anticoagulant or antiplatelet medication requiring transfusion or surgical intervention, death, detachment of a system component or implantation in an unintended site, emboli, distal (for example, air, tissue, plaque, thrombotic material or stent), emergent bypass surgery to perfuse limb, fever, hematoma at vascular access site (with or without surgical repair), hypotension or hypertension, infection, local or systemic (including bacteraemia or septicemia), ischemia requiring intervention (bypass or amputation of toe, foot, or leg), myocardial infarction, occlusion of iliac artery, SFA/PPA, or distal vasculature, pain (leg or foot), pain at catheter insertion site, pulmonary embolism, renal failure or insufficiency (secondary to contrast medium), restenosis of vessel in stented segment, stent malposition or migration (which may require emergency surgery to remove stent), stent strut fracture, stent thrombosis or occlusion, stroke, vascular thrombosis or occlusion (at puncture site, treatment site, or remote site), vessel dissection, perforation or rupture, vessel spasm or recoil.

Please reference appropriate product *Instructions for Use* for a detailed list of indications, warnings, precautions and potential adverse events. This content is available electronically at [www.manuals.medtronic.com](http://www.manuals.medtronic.com)

**CAUTION:** Federal (USA) law restricts the use of this device to sale by or on the order of a physician.

[www.peripheral.medtronicendovascular.com](http://www.peripheral.medtronicendovascular.com)

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# RESIDENTS CORNER: Surviving your intern year

BY LAURA DRUDI, M.D.  
Contributing writer

I can remember the dreadful, clammy summer's eve before beginning the first day of my intern year in vascular surgery. I tossed and turned without finding one comfortable position to fall into a much-needed REM sleep, tormented by obsessive thoughts of forgetting how to write the most basic of prescriptions, and terrified that patients' lives were now literally in my hands. My life was falling apart and turning into one of Shakespeare's tragedies right before my eyes, and I hadn't even started my intern year. This was going to be a torturous journey.

After completing my intern year and rotating in a variety of medical and surgical subspecialties, I survived. Most days were marked with overdosing on caffeine, which didn't help the persistent insomnia, anxiety, fear, and a rising systolic blood pressure to values I am ashamed of even mentioning but should have been on medications for. With the daily epigastric gnawing and liquid stools, I was convinced I had developed peptic

ulcer disease and acquired *Clostridium difficile*. I wish I could have quarantined myself in one of the isolation



DR. DRUDI

rooms out of harm's way of the incessant annoying ring tone of my pager.

Through these trials and tribulations of being an intern, I learned three keys to survival. I like keeping it short and sweet since my patience and attention span have certainly tapered.

### Maintain your mental and physical health

The most important person to take care of is yourself. This was a hard lesson to learn, and I drove myself into a hole, almost completely burned out, before I learned this crucial lesson. It's easy to get carried away in the crazy 12-hour workdays and late night calls, surviving on coffee and adrenaline. But at the end of the day, such a lifestyle is just not sustainable. Maintaining a healthy lifestyle and mental health through a

variety of physical and social activities that I won't belabor is the best thing you can do for yourself, enabling you to survive and be a fully functional and happy intern.

### Live in the moment

Having a type A personality probably enabled most of us to pursue medicine and become competitive individuals, allowing us to strive and match to a competitive surgical residency. Along with a type A personality comes this constant sense of urgency, impatience, struggling against the clock to become as productive and efficient as possible, and striving for the next challenge to tackle. The advice that has been spoon-fed to me, and I should probably take a dose of my own medicine, is to try to enjoy and live in the moment, learning and growing along the way.

### Own your title 'Ward Master'

At the end of the day, quality patient care should be everyone's priority, from junior residents to staff. It's frustrating to enter into a surgical career wanting to participate in laparotomies, anastomoses, EVARs, etc., and be confined to a ward ... alone

... stranded. But, once you let all of those frustrations go, and you become the best "Ward Master" that you possibly know how to be, it can make the experience far more enjoyable and even humbling.

In the midst of this chaotic year, I approached a respected mentor asking him if "it" gets better as the years go on, with his response being, "No, Laura. It only gets worse." If there was ever a light at the end of the tunnel, it was certainly obliterated in that moment.

Reflecting back on my experiences as an intern, I learned and grew tremendously, to the point I don't recognize that restless and eager intern-to-be anymore. I am so exhausted that I could hit a deep slumber as soon as my head hits the pillow ... until my pager goes off again, that is. All mockery and pessimism aside, being an intern is a hard year, and it certainly doesn't get easier, but we can choose to see the beauty in the darkness, enabling a smoother sailing on this long, daunting educational journey.

*Dr. Drudi is a vascular surgery resident at McGill University, Montreal.*

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ness and responsiveness. It is the use of the knowledge of your own and other people's social styles that allows you to work better with others. This knowledge is then used to moderate your strong social behaviors and instead focus more on others.

The key to improving versatility is based on four easy steps: (1) Know yourself; view your behavior objectively and consider how others may perceive you. (2) Control yourself; de-emphasize your own style behaviors during interactions with others. (3) Know others; use your knowledge of social style to identify others' style patterns and needs. (4) Do something for others; treat other people the way they wish to be treated, not the way you wish to be treated.

When you focus on "doing something for others," there are generally four factors that people's interactions are based upon, and others will either consciously or subconsciously observe in you. They include: (1) Image: your ability to dress appropriately for work and social environments, as well as organization of personal work space. (2) Presentation: your ability to present information to groups in a business setting, in partic-

ular, the ability of your audience to follow you. (3) Competence: your ability to help others to achieve their goals, including dependability, contribution, and self-confidence. (4) Feedback: your ability to identify others comfort levels and improve them, in particular, listening and understanding others' points of view.

To summarize, there is no particular social style that makes you a better leader. A leader with any one of the four social styles can be successful: The key is versatility. By developing versatility, you will increase your effectiveness, and ultimately earn the support and respect of others. Increasing versatility is dependent on knowing your own social style, understanding its strengths and weaknesses, being able to be flexible and moderating your social style, being able to identify and respond to others' social styles, understanding the needs of others' styles, and focusing on their comfort levels instead of your own.

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