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## How to become a leader

**Dr Grujic:** Hello everyone and thank you for joining. I'm Milos Grujic, I'm a radiation oncologist from Serbia. Today we are gonna discuss about very important topic, how to become a leader. And when we say how to become a leader, we don't mean think about how to collect titles or how to become a head of department, this is a totally different story and I'm very pleased that I'm joined today together with the one of the greatest leaders in this field and mentors. And I don't know what to say anymore, Professor Barbara Jereczek, and professor, the floor is yours and please gives us your presentation.

**Prof Jereczek-fossa:** Thank you Milos. Thank you ESOC for this invitation. It's really a great pleasure to share with you our thoughts because Milos here is a junior expert in field. So we'll share our thoughts, our ideas, on how to grow professionally. As he said, it's not about the titles, it's about the growth, professional human growth that all of us is doing in his or her professional life. So my name is Barbara Jereczek-Fossa, I work here in Milano, University of Milano and IEO, European Institute of Oncology. This is my, sorry, my title slide. So as you see, shaping your leadership journey, competence, confidence, and connection. I put this three key words and I must say that yes, the leadership is something, it's a mixture of all these three areas of these three skills, growing, having competence, which means that you should always study, be curious, confidence, it's about personal growth, how we become adult persons, how we become colleagues, like physicians, and the third point, connection. So it's all about networking. And you will see in my presentation, we have 15 minutes here. I will show you also some personal pictures from my professional life with enormous gratitude to my mentors, colleagues, students. And obviously some of them are not here on this slides. And there were really thousands of people in my life, and I hope to have another thousands in the future. So it all started at the university. I think that university, it's a moment where you really become an adult person. Here it's the first day of the medical school. It's a great emotion for all of us. We all dreamt, somebody maybe started very early, some of us just last couple of months before this decision. But it's always a big decision for all of us. University, medical degree. And I love this name, university, for me it's a universe. And indeed, you know, it is a incredible number of opportunities. We still don't know how many stars are there. We still don't know what is the limit there. So this is something, you know, like by analogy to our life, we really have so many opportunities today, and it is our choice which way, which star we want to reach. So the sky is not the limit anymore, it is even above the sky. This is my motto, and my young colleagues and my mentees, they know it. So medical degree, it's a really beautiful degree because you can really work and grow in these three areas. Definitely you'll be a clinician. It a profession. So we treat people, we cure people. But at the same time, medicine is such a dynamic field that you need to be involved. Even maybe not in a, you know, in a very deep way. But you need to do some science. You need to understand the science because research and science is everything today in medicine. It is how it evolves, how it grows. And then you are always a teacher there because you will always have some younger colleagues, students around you. So you teach and you disseminate the knowledge you have. So I started my medical, I did my medical degree. The first one I had

the truth, I had to repeat it then in Italy. But the first one was in Poland some years ago. And I think it was a very good preparation. It's a very hard university, very good clinical competencies, and university medical degree, it is where you receive your professional and human imprint. So I was lucky because there was a lot of dynamic people, dynamic environment, high level of clinical assistance, continuous medical education. And a lot of research already at that point, at that moment. But was really interesting 'cause then I worked for some years in Gdansk in Poland. It was already at that time, very international environment. We did some meetings with foreigners, with Erasmus colleagues coming already to Poland. And we also participated in the activities of ESTRO, of ESO, of ESMO, so big European societies involved in education in oncology. And indeed this some pictures, I hope you recognise me here, some of this picture. So it was my, I was at that time medical student in Genoa, in Italy in the Cancer Institute. So my oncology adventure and my oncology journey started at that point, I was still a student. I decided to go for oncology because there were so much research and dynamic people, enthusiastic people in this field. And then, again, it was the beginning of my career, it was a first contact with ESO, so I was selected for the ESO course in Milano. It was amazing experience. It was just at the beginning of the activity of the European Institute of Oncology in Milano, with these two amazing people, Dr. Costa, Professor Veronesi founders of ESO, founders of IEO. And first I get there on the ESTRO ESO course. And after some years I came back to Milano with a research fellowship, and then I started working here in Lana. So everything started with the ESO course. And I think that for many of you, it may be a similar case, a similar scenario. There is always some kind of turning point when you take a decision, when you take a journey. One more interesting experience, which opened my eyes to the radiation oncology was this Erasmus in Glasgow, Beatson Oncology Centre. At that time I was doing specialisation in clinical oncology. We do as in the UK also in Poland, we do both radiation oncology and medical oncology. And then you split. So at that time I did both specialisation, and here I worked with Professor Barrett, who at that time became president of ESTRO. So I got to know this society, European Society of Radiation and Oncology, radiotherapy and oncology. And here again, some nice pictures, we worked a lot together, but we also had some time together on Saturday, on Sunday. And indeed this is a big emotion. You see my picture some years ago, Erasmus student, Erasmus doctor at that time in Glasgow. And then two years ago I came back to the ESTRO. It was the first ESTRO in Glasgow and I was elected president of ESTRO. So you see how our journey, our life is really a circle. And I wish you, all of you to have this kind of moments when you get a recognition of your commitment, of your enthusiasm, and of your growth. So ESTRO, maybe many of you already know the society's radiation oncology, it is more than 10,000 members, 30% percent of them are extra European. So we are growing global. We have more than 100 national societies, a lot of enthusiasm here in this field. You see ESTRO presidents and you see all smiling with a good positive energy. One more very interesting point in my life. So in the same month when I was selected an ESTRO president, my close friend and colleague, medical oncologist, Professor Curigliano we started again everything together here in IEO. We arrived together. He has been elected as the ESMO president. So this is the unique situation I think that no institution had at the same time, presidents of the two biggest oncology societies in Europe and ESMO, as you know, it is 40,000 members all over the world. So this is a great opportunity also of doing combined treatments, doing combined projects, work together for the best of our patients. So really happy about this unique, unique, unique opportunity. And when I speak about leadership, definitely it is something about giving back to the community, giving back to young colleagues. So I will show you some slides. These are ESTRO commitments for early career doctors. Here you see some nice faces, I think Milos also here in this group. So we do this meeting, and maybe he will also show us this picture. We really try to engage young people because they have this new nice ideas, new way of seeing things, so I love work with them. And the same obviously as European School of Oncology. I am very much committed as a faculty member, as a scientific council member, and obviously as a mentor. I had already some colleagues here, Milosh is one of them. But also Michael Aurstaman spending some time in our institute, working together online, meeting together in some scientific conferences to discuss nice scientific and not only projects. So coming back to the professional growth, as I said, medical degree means that you have this three areas to develop in your life. You will be a physician, but somehow you will be scientist and teacher. So all these three areas obviously overlap, and it will depend on

us how we want to, you know, if you want to be a practitioner, more concentrated on the clinical practise, if you want to concentrate more on research or on teaching. Whatever you do, definitely there will be some kind of overlap. I'm lucky to work in a university hospital. I'm a university professor. So I have these two types of work, clinical and research work. And again, here you see my activities. It is a clinical life teaching and research. And I think that all of these three areas make you grow in different competencies. So that's why I really underline that you try, you should try to see and to define how much you want to dedicate to all of them, but really to keep all these three pillars together somehow. So as a physician you will definitely grow clinically with competencies and skills. You will save lives, and this is our first mission. You'll also work on the communication, because the every day we speak with tens of patients, colleagues, other healthcare staff. And it makes us also to grow, to communicate better and better. As a teacher, obviously you build a team, you work as a mentorship, you disseminate the knowledge you've got, you've gained. And as a scientist you will disseminate this knowledge with the community in general. So I do a lot of pre-graduate teaching. Here you see our students, but also a lot of postgraduates. So residents in radiation oncology, PhD students, a lot of students in our department. I think again, Milos will show similar pictures because he has seen our enthusiasm for dissemination of our knowledge to the community. What I particularly like observership and site visit in our hospital, here you see some pictures. So colleagues coming from European School of Oncology, from International Atomic Energy Agency, colleagues coming from all over the world. Here is Turkey, Brazil, Australia, Poland, obviously. And many, many, many other countries. So when I speak to young colleagues, they are always so scared and so frightened about knowledge and competencies and all things that they have to learn in their life. My advice is always, you know, like growing as a doctor is like eating an elephant, every day, each day, just a small piece, and after some time you have eaten an elephant. So just to start with the small small steps. So, and then the residents, again, I underlined very much this international approach in oncology. And I think the oncology is one of the most global disciplines today. Our residents in Italy can spend up to 18 months abroad. And as I really invite them to see other centres, how other people work, and it's a great experience. And this is my group, you see my residents but also senior doctors. We meet every year here also with our alumni and people that work now in different hospitals in Italy or even abroad. We meet every year in a national congress or ESTRO Annual Congress. This year it will be in Stockholm. So again, as a scientist, obviously this is also important pillar because research is important. It's a win-win situation. It's a benefit for your personal and professional development. It's a benefit for your single patient, but it's a benefit for the society. You become a leader because you have to manage a project. I was always surprised why there is this stress when you are evaluated as a head of the department. Milos mentioned that some of you will maybe become head of the department. We are evaluated also for the research, but it is not only about impact factor, if it is on the the skill to manage people, to manage resources, to be well organised, to manage time. So that's why this is also a nice way of professional growth, be involved in the research. And to conclude, so Maya, I come back to my keywords for the future leaders, competence. So study, be curious, invest in your personal growth, and obviously do networking so people around are really the best way to grow, to grow together. Thank you. And Milos, now it's your time.

**Dr Grujic:** Thank you professor. Really inspirational, motivational presentation as always. And really congratulations on your career pathway. It's really something which I would like to achieve a little part, let's see. Okay, I will give maybe a little bit different perspective on this topic, how to become leader, but because as you said, junior expert, I don't have such a huge pathway currently, but of course, I believe I have lot to say because I work in a healthcare system where resources are sometimes limited, but expectations from patients, families, teams are always high, better to say very high. I mentioned this, I don't want to put the focus on that about my background and my settings, but I believe that it shaped one important belief that leadership is not something you wait for. So to wait for better times, to wait for more resources and everything, everyone should start actually to develop those leadership skills. In reality, leadership generally begins the first time you take the responsibility for something that matters to other people. And I'll try in this let's say 15 minutes to share, let's say, concrete behaviours that people or you can start immediately whether

you are residents, a young specialist or even you have a formal role. This slide looks complicated, and took a lot of time to build it, but I'm not gonna read everything on this. This is just to show that leadership is evolving today. So we had from the past some leadership models that was based on seniority, and that models actually are present more or less in countries like mine, let's say, less developed countries. That model has strengths because experience really matters, but also had weaknesses because it often lack a structured leadership training, and sometimes relied more on hierarchy than on a teamwork. Definitely. Now today in present, let's say, that our oncology departments are facing pressure because we have increased complexity of general treating patients. We have more data, new technologies, more stakeholders. Our teams are not just doctors. We have also RTTs, medical physicists, nurses, psych oncologists, et cetera. Also don't forget patient advocates and administrative workers and everyone. But everything until now is good. But I believe, these are my beliefs, and also my perspective that the future as it's written here will disappear. That one person show or one man show, let's say, or not disappear, but to become less and less viable. And that the future will belongs to leaders who can create systems, culture, collaboration, across specialties, across discipline, across institutes and everything. And by a search about a little bit about this topic, I saw that there is some institutes, I'm not going to mention which one, which actually expect from their doctors to not only to deliver individual patient care, but also to contribute to continuously improve healthcare system. Which I think is really good. And maybe that the key message from this slide could be that in oncology leadership is not only an option, it should be developed continuously. And it's not only for the people of the top. And a couple of slides, why actually we are talking about leadership of course. Three things. Oncology is complex. Today we are not going just to make a decision about treatment based on the gold standard, but based on access versus ideal technology. Evidence versus feasibility, individual benefit versus system capacity. And this is something which we feel especially in this setting and background more and more in everyday clinical practise. Today we have multidisciplinary team because the no one can deliver modern oncology alone. So we have multidisciplinary teams, and that multidisciplinary teams often creates a leadership challenge, which is called alignment, because probably all of us know that multidisciplinary team could be from individuals that are excellent, but if they are not aligned, probably the system underperforms. Also the third reason is that systems are under pressure because of workforce shortages, administrative load, fast innovations, and high expectations. Also because of that, I believe that leadership should be a part of one complete physician. Not because I realise or some somehow feel when I talk with people who are from this field but from my country or abroad, that when we talk about leadership, somehow they think that we are talking about business topic which is not. Leadership is something which is totally necessary to be a complete physicians today. Briefly just distinction between job title and leadership. All of us know that in every department we have, almost every department we have, that some heads are not leaders, and some leaders are not heads, and leadership is influence, not a rank, and its ability to shape the people, what people do, how they feel, what they believe is possible. And if you could imagine, or if you think about the person, the best leaders you've met, and I know that this is a professor, which I share this presentation with, probably at least three common traits they have. So people trust them, people felt safer around them, people did better work because of them. And also the opposite is true, but you can have authority without influence. Authority often makes people comply, on the other side, influence make people commit. But I believe that a good head of department, if we talk about positions, should or could have the both. So authority and influence, definitely. This is the practical thing about leadership is a moment, not a position. So when it appears, these are just examples, when something goes wrong, when someone needs support, or decision must be taken. Because in everyday clinical practise we are seeing that overload in the schedule, or conflict in the MDTs, team member with the burning out, or I don't know, patient complaint at least. And in those moment, mostly, people do not look for the job description but for person who can offer them calm, clarity, or direction. So I believe that all of us worked with people who had no title, but everyone listened to them. And also the opposite situation appears. So when we talk about leadership versus position, a leader creates influence, a head of department hold authority. Leadership is trust-based, a headship is position-based. Leadership often emerged early, because you can see it in residents, also in young specialists. And the head role is usually

appointed later. Leaders shape culture, how people speak, how problems are handled, or how mistakes are treated, and has often managed structures like resources, staffing, compliance reporting, et cetera, et cetera. Why this matter actually? Because if you want to become a leader, you should not wait for a title definitely. You should build a behaviour that create trust and influence. And this is what the future brings us and how to become a leader. This is something which I recognised through my practise. And of course this is a philosophy, but these four pillars are proposed from my side. So credibility, responsibility, trust, and vision. And let's start one by one. If we talk about credibility, credibility comes from clinical excellence or clinical competence, a reliability, and integrity. If we talk about clinical competence, definitely means that people trust to your judgement . Reliability means that you do what you said you would do consistently, and integrity means that your decisions are fair, transparent, and the most important, patient-centered, not ego-centered, so ego put outside. This picture, which is shown here. So don't be perfect or be authentic is might try to explain that you don't need to fit in the environment and background because probably nothing will happen, actually you won't change anything. So you need to be unique or authentic. Maybe the next picture, or we'll show this better, you play Tetris probably, everyone heard about that. And when you see these bricks, if you fit, probably you will disappear as those bricks in Tetris. So leadership starts when you volunteer for difficult tasks. Take ownership without being asked, solve problems instead of escalating them. That doesn't mean that you are doing everything alone. It means to refuse that passive mindset. This job is not mine, this job is not mine. And maybe some example, maybe something which I try to improve in my practise and maybe succeed, you can take responsibility and about improving a workflow that frustrates everyone, preparing maybe MDT summaries. So decisions are faster and safer, maybe to mentoring a new colleague informally, not formally. And I believe this is the mindset of a leadership. So now this picture, this picture means to me a lot. You can recognise here Professor Barbara, of course you can recognise me, and with us is Professor Mathias, a current president of ESTRO. And when I saw this picture in ESTRO Gallery, I wrote all of these thing beside that picture because I believe that this picture, so everything which needs to show, and this is leadership. This is leadership, when you saw the two professors, which are great leaders, and also leaders on position. So we have here positions, but before everything they are leaders, and they show what empowerment, encouragement, support, team spirit, growth and motivation, inspiration. And when you have a guy on the other side, which comes from the, let's say less developed countries, and I must admit that there is a gap between southeast Europe, more eastern Europe and western Europe regarding radiation oncology, it really encouraged you and empower you to try somehow to act and narrow that gap. It's not easy, but I believe this is the leadership, and some sort of inspiration and motivation. And this picture shows me exactly that. I believe that it is a sense of you belong here, you are capable, and you are part of something big. This is from my perspective. Let's say the third pillar or the fourth pillar, sorry, think beyond yourself or vision. So this picture, like the rear view mirror is smaller than the windshield for a reason. When you look in the rear mirror, it means that you don't need to look backwards. So you don't need to go into the past, maybe a little bit just to analyse something, but go forward, look how to say, try to make that leadership bigger than the individual are. For example, from my practise, how maybe I think when I have time and to think a lot about that. How actually do we make this something better next month, not only today, or what system would prevent the problem from repeating, or in radiation oncology generally we take care a lot about the quality, but the quality is also part of our field of medicine. But how do we protect quality when workload increases? And we are witnesses of increasing workload, definitely. But we should take care about workload. And I believe this is that part and pillar of vision, think beyond yourself. Also, I came to the conclusion actually, but I have two slides about conclusion, that leadership is not a destination, it's not something you receive one day and keep it forever. Leadership is built, not appointed, practised daily, not granted once. And fundamentally about people not positions. And how I try to think about that and to encourage my colleagues to think about that, because it's very common to think "How do I get the role to be head of department or director or everything?" The better thing is to ask yourself, "How do I become the person people trust to move things forward?" That's my opinion. It may be the last slide, not maybe, but the last slide. This is the simple pathway, the leadership path, let's say in medicine that lead yourself, which means learn, like learning,

integrity, discipline, lead your team. We are talking about communication, contribution, trust again, and lead the system. It means processes, outcomes, and culture, and titles often comes at step three, and leadership must start at step one. So wherever you today, are you resident, fellow specialist, you can start to practise leadership now. And the final quote, sorry, about the Simon Sinek, about the "Leadership is not being in charge, but it is about to help those one who are in your charge." So that's the final quote, and thank you for your attention.

**Prof Jereczek-fossa:** This was really great Milosh, so inspiring. And you have all this positive energy. I love it.

**Dr Grujic:** Thank you. Thank you very much.

**Prof Jereczek-fossa:** So I think that now we have like 15 minutes for the discussion. I mean, my impression also listening to what you say that the leadership in general in medicine is really underestimated. And in the medical school, yes we are taught, you know, all the cycle preps as they say, I mean really complex things. We are becoming really masters in medicine in all subjects that we study. But there is so little attention to this, even wouldn't call them soft skills. It's not a soft skill, it's a hard skill. Yeah, to be able to manage people, manage yourself as you say. And it's a pity because you know, as a medicine, I mean the health is the biggest value we have. I mean if you ask, if I ask you about the biggest value, I mean everybody will agree that nothing is more important than health. And we have this privilege that we manage health, and it means you manage all the issue around. So from the very beginning you have to be able to lead and to manage, even, you know, your younger colleagues, your students, your staff as you said. So I think that it's a bit that is undervalued because we grow without, either we are, you know, self-learners as some of us do. If not, we don't give an attention. And you may be a perfect doctor, but if you don't manage people around, I mean, you will not work well.

**Dr Grujic:** Yeah, definitely, as I said during the presentation, when I talk with people about leadership, they think this is a business thing, why? Because if you have a LinkedIn, you probably see those LinkedIn learnings sessions, all of them are about leadership, leadership, their leadership in that field, and probably people are connected with that business thing. It is not. I learned a lot, not from you, also from my director, because she recognised some young guy from collective to have ability to do something more. And all of this example I mentioned during the presentation actually I really did. And we try to improve everything without resources. Unfortunately we don't have resources. So currently I'm trying to make application, okay, I don't know to make application but app for mobile form maybe for those materials like thermoplastic mask, boluses and everything. Because this is not centralised in my clinic. So, and earlier unfortunately that's the reality. We for example, lack of those masks for one month or two, which is a really big problem because of waiting list, everything is going away, let's say. But then we start to put in brackets to measure by pencil. Now we are developed, and try to make application. Okay, we use one mask, okay, put one tick, and that's it. All of these acts, because it also, you lose your private time, or not only the time when you are at your work because then you are dealing with your patients is part of leadership I believe. And also I was really thankful, and I had luck to have a mentor like you, and also some other mentors, mentors, colleagues from which I learned from. And it was really helpful. And I have nothing more to say than I'm grateful really because I believe there is a lot of room for improvement, and it's even easier to develop those leadership skills is my belief in systems like mine, is because there is a lot of room for improvement in our disorganised system. So I can. Yeah, I can show myself even in a better way maybe than some colleagues, younger colleagues in developed countries, but.

**Prof Jereczek-fossa:** I don't think so. No, no, I mean, you know what, I mean you said one thing which is really interesting and it strike me. You said do something, do more. Okay, so what does it mean? And I think also it's a key point here that we always have our job, we always have our garden as you say. And I think that the future leader is the person that is able to do this, you know, one mile more, yeah? So you just do a little bit more than you are asked for.

**Dr Grujic:** Yeah.

**Prof Jereczek-fossa:** And people will notice it. I mean your colleagues, your patients, your nurses, your head of the department, whatever, I mean a little bit more than you are, I mean, or much more. It depends on how much time you have and all this stuff, but doing a little bit more. So be proactive, and as you said, in every system, I think it doesn't depend if it is a rich environment or not rich environment. Our systems in general, they are not that well-organized. So our contribution, if you decide if you help to organise something, if you have an idea how to improve something, it is really a benefit to all of us around. So this is I think also a key point here as you mentioned, do a little bit more. Be proactive. Don't think only about your small garden. Just watch around. What do you think about it?

**Dr Grujic:** Yeah, I try to do that, actually. I mentioned that gap between Southeast Europe and Western Europe. And I really try, actually I mentioned future leaders like creates culture, systems, and collaboration. I try to collaborate with colleagues from other countries, from the region. Why, because for example, simple thing, we wrote systematic review about radiotherapy of adnexal of lymphoma, adnexal lymphomas, indolent lymphomas. We realise that there's no good perspective study for example. And you want to make a prospective study, but you have only three patients during the year in your centre. So you need multicentric study, a lot of centres, a lot of countries. And that's the space for us, for our region, let's say, to make something let's say good for whole community, ESTRO community, let's say. And this is the way I would like to go, not only to look my country, my country is small, though maybe we have like 100 radiation oncologists, not more, but together like ex-Yugoslav Republic together with some other countries, Romania, Bulgaria, maybe we can make good, good things in future. And fortunately I have also colleagues which are, I see they have those leadership skills. And I believe that in future together we can really improve that field in our not only radiation oncology but global oncology in our region.

**Prof Jereczek-fossa:** Everybody today is speaking also about AI. Do you see any space, I mean, or potential?

**Dr Grujic:** Yes.

**Prof Jereczek-fossa:** Even with some professional, maybe some networking. What do you think about it?

**Dr Grujic:** Definitely, I believe that someone said that I just repeat that AI won't change us, but will change those one who don't learn AI. And definitely we are witnessing in radiation oncology how actually it's developing also radiology. Probably let's say in global oncology currently, I cannot imagine how it could be helpful for medical oncology, let's say, or surgery, but somehow could be helpful. Maybe if we talk in that scientific way, probably that review articles in future will be something which will not have credibility anymore. Because today all these large language models could analyse something. Okay, they can make mistakes, and we cannot rely on them, but in future, who knows? But for some tasks, brief tasks, especially for those leaders who have head of departments, people in positions could be really helpful. You know, I'm using that.

**Prof Jereczek-fossa:** In situ.

**Dr Grujic:** Yeah, I'm using that, and I'm not going to lie, especially when, because you know, my English language is not perfect sometimes, I need to write for example to you one good email, of course that I process it with some large language model to sound more, I don't know, professionally, but.

**Prof Jereczek-fossa:** So it's a tool, yes. I think that we both see it as a tool.

**Dr Grujic:** Yeah, yeah, as a tool.

**Prof Jereczek-fossa:** Potentially is also there. I mean we need to adapt out to this new situation, and I think that it, to see its potential and try to also use it in our professional life. Another question, how do you manage, or maybe you can have some ideas here, how do you manage conflicts in your, because you are already the

head of the department, yeah, you're a young head of the department. I don't know how many people on your team you have now. It always happens. You know, when I ask other colleagues, when I discuss with other colleagues being head of the department, especially in their big first years, they say that they thought that their worst problem will be, you know, resource management. But in reality it is not resource management, but management of people. Okay, because you have some conflicts, you know, we are all, we stay many hours together. It may happen that there are some tension. So what would be your advice for the young leaders here? If they have this situation to manage? How do you do it?

**Dr Grujic:** Yeah, that's a tough question for me, because I will be honest somehow, or in my collective, we don't have conflicts among doctors. For example, among medical physicists, the biggest problem is artifice. I don't know why, I don't know. I don't want to I don't think nothing bad against them. But in my country, for example, RTTs could, you could become, if you finish for example electrician school, not medical school. So you don't have the basic medical knowledge and based on that, most of the conflicts between them, it depends who finished what school. Many conflicts I resolve among them. And mostly by meetings, meetings, meetings and meetings. And sometimes if the mistake is more severe, of course, the report in written form, I'm looking for that and put under the table and wait for another mistake. This is maybe more strict from my side. But at the start when I became head of department, I tried just by talking, talking, to speak and talk about with him about those conflicts and try to resolve, and somehow resolve. But those things are repeating all the time. So we should find the way how not to repeat those things. This thing, written report, and put under the table, somehow works for now, we will see, I don't want to take some discipline, you know, actions.

**Prof Jereczek-fossa:** Actions.

**Dr Grujic:** Actions, yeah. So this is not the solution for me. I don't want ever to have that obligation to do something like that. But definitely conversation with them, try to, actually, I try something to be tricky. Try in the free time but there's no conflict, to convince them that they are capable to do more. Because RTTs in my country are not like RTTs, let's say in Ireland. Yesterday I had opportunity to talk with Michelle Leach, which is RTT, but she's also professor at College Trinity in Dublin.

**Prof Jereczek-fossa:** Trinity. Yeah.

**Dr Grujic:** College, yeah, so people, RTTs in Europe could develop their career. In my country. No. And they are satisfied with that, they put the patient on a table and finish their job, you know. Which is not, I try to convince them that they can do more and more and more and more. And from that I somehow encourage them not to conflict among themselves. But this is a.

**Prof Jereczek-fossa:** Milos, you know, may I jump in? So it's very important topic that you touch, you know, some different skills, different education, maybe different systems. I think that my advice here, and what I try to do in my department, obviously to engage people also and to do some training. So we do specific training for our RTTs, and they already had a degree in radiography, and so they are this university degree, but even, you know, it's a lifelong education. So they are involved in courses, and then there are so many opportunities also for any health professional. I don't know if ESO has, maybe not for the RTTs, but ESTRA obviously has a huge number of courses, committee focus groups. So you know, think about how to engage them. So once they are engaged, they learn, and then they teach younger colleagues. This is also the way to improve, yes? So this could be one idea here, and here we touch that, the topic of responsibility. So now I have almost 30 doctors now, my department is the biggest, or one of the biggest radiotherapy department in Italy. And we have almost 30 doctors, and we have this three, let's say groups like C level, I call it, you know, senior, seniority level, higher deputy directors and so on. We have, you know, a middle career, and they are really extraordinary, you know, some of them. And then we have, you know, newborns. Newborns, newcomers, okay? And I try from the very beginning, the give them some responsibility. I mean especially if you start working with us, you will follow this, you will create this group, you will follow ray radiation. And now we have a lot of projects and patients for ray radiation, we need to do it with a, you know, with a very

precise approach. So I try to divide different tasks. And one, you have the responsibility. Even if you are a young doctor, you try to do your best. You learn, you have to, you know, discuss the knowledge with your colleagues. So I always remember, you know, this idea I heard once, you know, a big leaders are big delegators, and you cannot do everything by yourself, and more you delegate better the system works, because even if you are not in your department, your department works. Everything is in order, okay? So this also would be my advice for the future leaders. Try to, from the very beginning define who is doing who and involve people around you.

**Dr Grujic:** Yeah, actually I try to do something like that. We also.

**Prof Jereczek-fossa:** I'm sure, I'm sure.

**Dr Grujic:** We also discussed about that earlier. And I must say that I have a really good collective, okay? I'm the younger, but the whole collective is actually younger. And we have the newborns also. And I must say that we evolved, like we were centre for radiation oncology, now we are clinic for radiation oncology. So we are improving, and all the younger ones and let's say middle ones are now on PhD studies. So we are trying to develop that. But with doctors it is easier, than with let's say RTTs, also medical physicist department, wonderful grade one. Also, we are not such a small department, 22 doctors and 12 physicists, and around 40 RTTs, 30 RTTs if we exclude some.

**Prof Jereczek-fossa:** Oh, it's a big, a big group. It's a big team.

**Dr Grujic:** Yeah, a big group. And you know, we actually, we developed things like we didn't felt that our number of patient increased from 2024 from 260 to 2,600 to 3,500 this year, this is the latest data. So 900 patients more in our department. And actually we didn't felt that pressure. We felt actually, but not as maybe earlier we should, we could actually. So this is the great things, you know, it's satisfying when you see that, that you are doing something and you are not alone, but you have help from your colleagues, which are wonderful colleagues and great collective. Okay, conflicts are normal, but definitely we can resolve it. So yeah, that's.

**Prof Jereczek-fossa:** Yeah. I think that we are approaching the end of this lecture. I will also add one more thing. While working with people, as you said, there are many different professionals around, it's always nice to find a kind of win-win situation. So you know that there is a common interest. Yes, the common interest. So people are much more motivated to do their job at best. And I think that you also agree with this. So, and you know, so if you have the final thoughts just to close our session, you opened. So it will be nice if you close it. I was so happy to be here with you for this hour, and I hope that it was interesting also for our young colleagues listening to us.

**Dr Grujic:** Yes, first of all, I want to thank you all for watching this video. It was a great pleasure to be here with such a wonderful speaker and leader, Professor Barbara. I try to do my best, and to tell you my experiences in this field about leadership, and definitely this is one mandatory field, and all of us as oncologists and all healthcare workers in this field should develop at least some leadership skills, and help that this system and global oncology increase, first of all, because of our patient and then because of all of us as healthcare workers. Thank you once again. And thank you ESO for the invitation, and stay tuned as many says because many more lectures will become through as a college platform. Thank you.

**Prof Jereczek-fossa:** Thank you. Thank you Milos. Thank you everybody and see you soon. Thank you.