



Presidential Address:

COMPETENCE,
SAFETY,
QUALITY:

The path of the 21st century

by Gerald B. Healy, MD, FACS

Editor's note: Dr. Healy delivered this Presidential Address on October 7 at the Convocation in New Orleans, LA.

Officers and Regents past and present, Honorary Fellows, our treasured College staff, guests, including my friend, Archbishop Hughes, and, most importantly, 2007 Initiates and your families: welcome.

First I would like to offer a special thanks to Dr. Copeland for [his] long and distinguished career in American surgery and for the many leadership roles in which [he] has served our College. [His] vision has changed our face in so many ways. [His] address to this group last year centered on mentorship. [He should] know that he has been an outstanding mentor to all of us but to me especially. [He has] been a guidepost for me to follow in my service to the College and for that I shall always be grateful.

I am deeply honored to become the 88th President of the American College of Surgeons. To be included among names such as Crile, Mayo, Cushing, Martin, Ravdin, Rhodes, Hanlon, and Spencer—as well as the other former Presidents who sit on this stage this evening—is indeed humbling. I should also say that I am especially honored to be the first otolaryngologist—head and neck surgeon to become President of this august body. Many of my colleagues from the specialty, including three of my teachers and mentors—Stuart Strong, Charles Vaughan, and Domenick Sampogna—have come here tonight to be part of this momentous occasion. I want each of you to know that I shall dedicate my year as President to all of you who have worked so hard to have our specialty recognized as an integral part of American surgery. To my colleagues at Children's Hospital in Boston, a word of gratitude for allowing me the time to devote to the College. To my dear friends who have traveled from long distances to share this night, I say thank you. I only wish that my parents, who taught me the value of education and hard work, could be here to celebrate with us. Finally, to my dear wife Anne, and my daughters Lisa and Laurie, and their husbands John and Mike, thank you for your love, your support, and your wisdom. These are the people who packed my parachute—*never* forget who packed yours.

As your new President, allow me to welcome you, the Initiates, to the largest and one of the most respected surgical organizations in the world—an association whose mission statement promises that we, as an organization, are dedicated to improving the care of the surgical patient and to safeguarding standards of care in an optimal and ethical practice environment. Today you will become an FACS: a Fellow of the American College of Surgeons. You have toiled through much pain, and your families have made many sacrifices, so that you might sit here this evening. However, you have merely walked a short path to a garden gate that you are about to open. That garden is where you will nurture and grow your legacy. That legacy will lie on a foundation that is FACS—not just a Fellow of the American College of Surgeons, but also Forever A Caring Surgeon.

Allow me to share an interesting story with you as we talk about the preparation to create your legacy as a caring surgeon.

On a bright morning in 1888, a gentleman was reading his morning paper in Southern France. The headline read “Le marchand de mort est mort” (“The merchant of death is dead”). Obviously this headline caught his attention. To his shock, he realized he was reading his own obituary, an obituary that told the world that finally “the father of death and destruction,” an individual who had been responsible for the killing of thousands of humans, had passed from this earth. This gentleman was overwhelmed to read what the world thought of his accomplishments, but he was given an opportunity that most of us will not be given: an opportunity to change his legacy. At the conclusion of this presentation, I shall tell you whether he was successful in accomplishing that goal.

In the meantime, let's take a journey through what, in my opinion, will formulate the legacy of the 21st century surgeon.

Many years from now, you will look back on your career and examine your legacy. That legacy will have been shaped during a career that will have embraced three distinct areas: competence, safety, and quality. The public—your present and future patients—expect to be cared for by a competent surgeon who achieves quality outcomes in a safe environment. The framework for

meeting these expectations is found for the most part in the six general competencies that are now embraced throughout the medical profession and will become part of the professional lives of physicians from medical school through the lifelong process involved in the Maintenance of Certification program of every certifying board.

The first three competencies are fundamental. It is obvious that safe and competent doctors must be skilled and adept in appropriate patient care and have a fundamental and grounded foundation in up-to-date medical knowledge. All of us must continuously evaluate our skills and outcomes through a process of lifelong, practice-based learning that enables us to learn and improve from every patient encounter.

However, it is my firm belief that the major obstacle to the successful practice of safe, quality, and effective surgery will be found in the failure to be proficient with regard to the last three competencies, which encompass interpersonal skills and communication, professionalism, and, lastly, the ability to work effectively within systems. Let us examine each of these in more detail.

Interpersonal skills and the ability to communicate are heavily grounded in your ability to transmit the fact that you are a caring physician who is willing to spend time with your patient even to the point of embracing the age-old tradition of laying on of hands. These skills and the ability to communicate can mean the difference between your patient forgiving you or suing you when he or she has had less than an ideal outcome. Let your patient know that you care by patiently listening, prompting questions and explaining in layman's language the pros and cons of surgical intervention.

A recent study in the *Journal of the American Medical Association* (2007;298:993) confirms that poor skills in communication leads to dissatisfaction, higher rates of complaints to regulatory



Figure 1

authorities, increased risk of malpractice suits, and poorer outcomes. If you have ever been a patient yourself, you found out very quickly that bedside manner really does count. *Remember, patients do not care how much you know until they know how much you care.*

Unfortunately, our profession faces serious impediments to the laying on of hands and the giving of ample time for caring and listening. The computer and its embedded electronic medical record pose traps that will seduce you away from direct communication with your patient and ensnare you in a communication scheme involving only a screen and a keyboard. Throughout society, the art of conversation and the verbal sharing of opinions, thoughts, and ideas are quickly being replaced by printed words rapidly scrolling across a computer screen or Blackberry; with these myriad facts that bombard us each day, the ability to effectively communicate with other humans disappears.

Your patients need a hand on the shoulder, that kind word, that reassuring discussion about their illness, so I ask: Are you just going along with the electronic ride that distances you more and more from those who depend on you? It is sometimes far too easy for us to become lost in the technical

aspects of surgery and leave behind the human qualities, such as meaningful communication, that differentiate us from the surgical robot.

The next serious hurdle in achieving safe and quality care is the breakdown in professionalism by some of our colleagues. Breaches in professional conduct are more common than we would like to admit, but each of us has a responsibility to acknowledge and deal with this problem.

We are all aware that today we work in an environment of uncertainty laced with loss of collegiality, driven by a never-ending bottom-line mentality surrounded by falling reimbursements for our professional activity. In addition, our doctor/patient relationship is constantly being invaded by other individuals who are fondly called “providers.” This category encompasses anyone who is willing to step into the doctor/patient relationship to replace the physician at a moment’s notice. Your College is doing all that it can to combat these difficult aspects of practice today. There is no question that this environment naturally leads to significant stress: the stress of an ever-changing scope of practice, the stress of a society with rising expectations, and the stress of fluctuating and unpredictable relationships—physician to physician, physician to patient, physician to payor, physician to hospital, and on, and on, and on.

Unfortunately, this changing environment has been paralleled by a marked increase in disruptive behavior within our profession. This is a serious impediment to patient safety, a fact that has been documented by risk-management groups, physician managers of large group practices, and statewide physician assistance programs across the country. In a survey of more than 1,500 members done by the American College of Physician Executives, a significant percentage reported breaches in professional conduct. Issues such as physical abuse, verbal insults, and refusal to perform tasks and duties were documented (Weber DO. *Physician Exec.* Sept-Oct 2004). This behavior has a serious impact on patients and staff. It frequently intimidates patients and leads to high staff turnover rates, increased lawsuits, and high costs to practices, whether based in the community or in academic departments.

So what is our solution? I strongly recommend taking the following steps to deal with

this troubling problem if it has invaded your community, your hospital or medical center, or your practice:

- Above all, deal with the problem. Show our colleagues that, as a profession, we are willing to stand up and confront these troublesome issues.
- Be proactive and establish a code of conduct that is acceptable within your organization.
- Train individuals around the issues that I have outlined.
- Help the individuals who are creating the problem to understand that this behavior is inappropriate and will significantly impact the safety of their patients.
- Finally, provide follow-up mechanisms to ensure that the culture around this issue is effectively changing.

Lastly comes our biggest challenge in changing our surgical culture: 21st century surgery will be embedded in systems-based care rendered by effective teams. You, the surgeon, will struggle to remain at the center of this team. Many of us were trained in the 20th century in an atmosphere sometimes ruled by icons who led in a monolithic fashion and who, unfortunately, in some cases, led by fear. This will not be the pathway to success going forward. Simply said, the ability to function in systems will be entrenched in two words: team and communication. Why? Because poor care is inevitable when a complicated patient is cared for by myriad individuals who have not been trained to communicate effectively as a team.

The poor fellow pictured in Figure 1 (page 10), a victim of multiple trauma, is currently being treated by a trauma surgeon, a neurosurgeon, an orthopaedic surgeon, an intensivist, an anesthesiologist, a pulmonologist, an infectious disease specialist, and a host of other individuals including nurses, a respiratory therapist, and so on. The days when a surgeon who is technically superb but who is not an efficient communicator and team leader can effectively manage this patient alone are gone. Therefore, we must embark on a major educational program in team training throughout all of medicine. Unfortunately, this is not how most of us were trained, but it is how we now care for patients. Team training has been proven to be very effective in the airline industry



Figure 2



Figure 3

and in the military, and we need to learn from that success.

Sometimes we humans need a wake-up call. This was the airline industry’s wake up call: 582 deaths at Tenerife in 1977 because a captain, who could have been a surgeon in any operating room, refused to listen to a co-pilot who was too intimidated to abort a take-off (Figure 2, this page). The airline industry changed.

So what is our wake-up call? Certainly we are all aware of the report from the Institute of Medicine entitled, *To Err Is Human: Building a Safer Health Care System*. This startling revelation exposed the fact that avoidable errors occur every day in the health care world. Embedded within that document is the comment that health care organizations like the College must establish interdisciplinary team-training programs for our providers. Perhaps we can learn from the airline industry how we might embrace this new culture in surgery.

There is no question that this is the challenge of the 21st century surgeon. You can no longer be only surgeons, but you must become leaders of high-performance teams. As a leader, you will get what you tolerate and what you promote.

I ask you to leave here today committed to becoming a leader as a fundamental part of your legacy. Leadership is a process through which a person influences others to accomplish

an objective and directs an organization so it becomes more cohesive and more coherent. Leaders determine the ultimate effectiveness of the organization as their character and skills determine the way in which problems are solved and tasks are accomplished. Never forget that Martin Luther King, Jr., in his profound declaration to the world, said, “I have a dream.” He did not say, “I have a very good plan.” Leaders provide passion and a strong sense of purpose for change. Leaders communicate a vision to their organization and endeavor to build excellence rather than command it. As you are about to enter the leadership phase of your careers, I ask you to remember what I shall call the 7 Cs of leadership (Figure 3, this page).

- *Courage*: Courageous leaders are decisive and display endurance, a strong will, and assertiveness.
- *Confidence*: Confident leaders exercise self-discipline and demonstrate a high level of maturity.
- *Creativity*: It is truly critical for leaders to be visionary and imaginative. These qualities invigorate the organization and stimulate others to move to the next level.
- *Communication*: Communication is perhaps one of the most important attributes of leadership. Learn to listen but also learn to be frank and forthright.



Figure 4

- *Caring*: Perhaps the most profound trait of a leader is that of caring. This is a simple yet fundamental characteristic of great leaders: the willingness to empathize and provide a “shoulder” for other individuals to lean on in times of crisis, whether that crisis is professional or personal in nature.

- *Charisma*: This is the ability to inspire with a passion and a commitment of purpose. Charismatic individuals are those whom you clearly recognize as people who are willing to try to make a difference.

- *Character*: Lastly, and perhaps most importantly, is character, including the traits of integrity, humility, trust, profound beliefs, values, and, most important of all, honesty.

From a global standpoint, the most effective leaders are those who have taken the time to understand the community that they guide. You must study the organization you lead and understand its history and culture, for if you fail to understand where it has been and the process that has driven it to the foundation it now stands upon, you will fail in your ability to effectively structure its future.

Take this opportunity to move your career forward and become a leader—a leader in your family, a leader in your office, a leader in your hospital or medical center, a leader in your community, a leader in your medical organization. It really isn’t necessary to have the title “President” after your name to be a truly effective leader.

Wherever it is you choose to exercise leadership, challenge the process, inspire a vision, enable others, be a role model, and encourage the heart of the organization to be better. I beg each and every one of you to become a leader in our effort to advocate for our patients and become a leader through participation. Do not abdicate your responsibility to the people on this stage. Every one of us has been given an enormous opportunity to leave a legacy in a profession dedicated to serving our fellow beings. Savor, nourish, and cherish it!

Most of us will not be given a chance to reshape that legacy, as was the case with the gentleman in France on that morning in 1888. Alfred Nobel, the father of dynamite, decided after reading his own premature obituary on that fateful morning that he would dedicate the rest of his life to promoting the peaceful welfare of mankind (Figure 4, this page). Upon his death in 1895, his legacy was what we know today as the Nobel Prize.

Our legacy will follow our names forever. Hopefully it will be said about you that this was your legacy: Forever A Caring Surgeon. □

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