Leading in Changing Times—Reflections of the Penn Orthopaedics Chairman

L. Scott Levin, M.D., F.A.C.S.

Paul B. Magnuson Professor of Bone and Joint Surgery, Chair of the Department of Orthopaedic Surgery, University of Pennsylvania School of Medicine

Historically leaders in academic medicine, particularly those in surgery, are individuals who have ascended to the position of Department Chairman based mainly on their ability as surgeons. Occasionally research accomplishments or clinical innovations result in leadership roles in Departments. Rarely does gifted teaching ability, financial or administrative talent lead to Chair appointments.

Over the last 25 years, the requirements for a successful leader in academic medicine, and specifically orthopaedic surgery, center around the leader's ability to be regarded as a outstanding clinician, by distinguished himself or herself in a particular field within orthopaedic surgery. They must be an individual who understands basic, translational, and clinical science and has demonstrated commitment to education. They also should have demonstrated a proven track record as a Division Chief or Section leader based on fiscal accountability as well as the ability to organize and mentor others. While these requirements may be considered formidable attributes, these are exactly the qualifications that a Chancellor for Health Affairs or Dean of a medical school looks for when selecting leaders for departments of orthopaedic surgery.

My comments in this article are based on more than three decades of observation of outstanding leaders in academic medicine. Several of these are surgeons, but others emanate from different fields of medicine. All have a distinct ability to coach effectively, and create career opportunities for their faculty without micromanaging them. Effective Department Chairs must realize that they often must place their personal career needs and goals secondary to the plans of institutional leaders (Deans and CEOs), fellow chairs and faculty.

The scientific question of "nature vs. nurture," is frequently debated in athletics, academia, or business. "Are leaders born or are they created?" Are those leading in academic medicine today naturally gifted with the leadership qualifications that I have listed? Perhaps they have studied and learned how to be effective leaders or grown into their roles based on self-analysis, didactic course work and reading, outside coaching, 360 reviews, and feedback from their faculty and the leadership within their health systems?

The next question becomes "what defines leadership?" Do we lead based on what we have seen others do or do we wake up one day and say, "I want to lead?" My first exposure to strong leadership was growing up in a household with a father who served as a naval captain on a minesweeper in Korea. A sense of work ethic, self- discipline, respect for regulation and regimentation, tough love and principal-based leadership were lessons that I learned at an early age from my father. Following medical school, I was influenced by the late David C. Sabiston, Jr, MD., who was a disciple of Alfred Blalock at Johns Hopkins. It has only been recently that I have understood the influence of Dr. Sabiston, who chaired the Department of Surgery at Duke University School of Medicine for more than three decades. For those of you who have not read the book, Genius On the Edge, by Gerald Imber, I recommend it to you. It has only been a little more than 100 years since the American School of Surgery evolved under the leadership of William Halsted at Johns Hopkins. Halsted's development and contributions as a surgeon and scientist, despite his cocaine and morphine addiction, led to remarkable discoveries and advances in surgery and established the principles of modern surgical education. Halsted's influence permeated David Sabiston's training experience at John Hopkins under Alfred Blalock, and this influence was ultimately passed down to me. I inculcated and embraced the standards for patient care that Dr. Sabiston established. He always had high expectations and espoused the concept that one's work was never done; and that one achievement should lead to another. Resting on one's laurels, whether it is a grant award, a manuscript accepted for publication, a chapter written or a productive fiscal year as an operative surgeon was unacceptable. My exposure to Dr. Sabiston and the Halsted traditions at an early point in my career (1982-1984) predated the 80-hour work week and the Libby Zion rule. Working every other night on call resulted in two of the most formidable training years of my career.

Dr. Sabiston chaired one of the most pre-eminent departments of surgery in the United States. Trainees worked without duty hour restrictions, internet, or cell phones. Surgical residents came to appreciate that the most important commodity in the life of a house officer was not money, not sleep, but time. *Time* that we spent with patients, making rounds late at night or early in the morning, time in the operating room, and caring for sick patients with a commitment to continuity of care, set the stage for lifetime lessons that allowed me to become a successful clinician. The template for much of my career was based on what Dr. Sabiston expected. As Osler stated-"the key to success is hard work." There is no question that the technology explosion

such as the electronic medical, the internet, and all the other technology that now exists in modern health care, have been advances. I question whether the values and our current generation of trainees, particular with restricted duty hours will ever understand my generation and the value our training experiences produced without the tools that we routinely use today. Viewing a digital picture of a wound or x-ray is not a substitution for examining the patient at the bedside.

J. Leonard Goldner (James B. Duke Professor and Chairman of Duke Orthopaedic Surgery) was a renaissance surgeon who was as comfortable doing an anterior lumbar fusion as he was correcting a child's clubfoot. Dr. Goldner was an outstanding leader for several reasons. He led by example. He was the consummate clinician. He was a voracious reader. He knew about those around him, such as the names of the children of his residents, and had a sixth sense that if somebody was in trouble, he would engage them in conversation and help by just talking out a situation, providing an opinion and wisdom. Having established the Piedmont Orthopedic Foundation with Jack Hughston, he set the stage for sustained excellence in orthopaedics that continued under my mentor in microsurgery, James R. Urbaniak, who ably led the department following the retirement of Dr. Goldner and took it to even higher planes.

My exposure to great surgical leaders included Harold Kleinert (Louisville), who was the pied piper of hand surgeons from around the world. He was always humble, always available, always kind, and outworked everyone on his faculty as well as his 21 international fellows.

Great leaders should demonstrate a strong work ethic. A prime example of this is Dr. Fu-Chan Wei (Chang Gung Memorial Hospital-Taipei Taiwan). Dr. Wei is a plastic surgeon with expertise in reconstructive microsurgery. Dr. Wei has established an empire in reconstructive microsurgery and plastic surgery at Chang Gung Memorial Hospital. As a fellow I observed his incredible surgical skill, commitment to basic science research, and skills such as an educator. Dr. Wei had a profound influence on me because of his humility and kindness to those who would visit him from around the world. I have emulated the "open door" policy of Goldner, Urbaniak, Kleinert and Wei, and enjoy a continued stream of visitors to my Department from around the world. It enriches the learning environment for residents and fellows, and we always learn something from those that visit regardless of their seniority or experience.

The common defining all of these great men, is a sense of strong work ethic, humility and their propensity to always ask the question, "What's next?" and "What can we do better as individuals and as a team?" My style of leadership is an amalgamation of those that I have already mentioned.

I am a great believer that there is much that is written about leadership that should be embraced and studied, particularly by those who ascend rapidly to positions of leadership at a young age. Inherently, in such situations, faculty that a new Chairman may be leading are older and more established as clinicians. Senior faculty may have a stronger research track record, and will occasionally challenge the new leader to see what he or she is made of.

Historically, medicine has been isolated from the business world, but we all know that today medicine is very much a business as well as a profession. The lessons from Wall Street, corporate board rooms, philosophies of CEO's, and innovation and globalization in business can provide many lessons for physician leaders of today. Jim Collins, the Stanford business Professor, has written several books. The most important of these, I believe, is the book, Good To Great, that describes about how to take a good company and make it great. How do we make a good department or not-so-good department and make it great? What are the key ingredients to this recipe? According to Collins, the first objective is that we must set a vision. We must attract and encourage the right people to join our organization. The goal of any leader in academic orthopaedics should be to become a Level 5 leader- who will "build enduring greatness, blending humility and professional will." I translate this into the concept of "the servant leader." Whether it is right or wrong, it is how I believe one should lead. Leaders earn respect; they do not command it. Distinguished leaders from the business world that I have studied include Jack Welch- who believed investing in people, setting goals and expectations. I remind you of his 70-20-10 rule, and his desire to "have fun." The "have fun principle" is something that Jim Urbaniak taught me. Dr. Goldner's philosophy used to be, "How do I wake up in the morning and stay out of trouble?" Jim Urbaniak's philosophy was always, "Stay out of trouble but have fun!" Other exemplary leaders included Rudolph Giuliani. His management of the 9/11 crisis is legendary. The book, The Real Deal by Sandy Weill, reflects on his life building an empire in the financial management business. Athletic coaches, have a lot to say about leadership, and the writings of Mike Krzyzewski, such as Leading From the Heart and Five-Point Play talk about people working together as one to achieve a common goal. Coach K's. principles include setting standards, establishing trust, communicating well, evaluating individual goals and empowering those to do the right thing in an organization. I refer to the book The Gold Standard often when I talk about how to make quality improvements in our operating rooms, in O. R. turnover, and in our practice efficiency. Just following his principles have helped me a tremendous amount.

Vincent Lombardi has had a lot to say on leadership, and I have studied his quotations that ring true, particularly for a new leader in academic orthopaedics who inherits a department that is not firing on all cylinders. "We would accomplish many more things if we did not think of them as impossible." Lombardi said, "Perfection is not attainable, but if we chase perfection, we can catch excellence." How true is that? Lombardi, again: "The measure of who we are is what we do with what we have." How many times has a faculty member asked for the "moon" rather than demonstrating to his division chief or the department chairman that, with a limited amount of resources that you allocate, much can be done. My personal philosophy is to see what people can do with limited resources, particularly when departmental resources and discretionary funds are scarce. As they improve, whether it is obtaining grants, increasing clinical productivity,

or developing new educational programs, additional resources can be provided. Lombardi also said "Confidence is contagious, so is lack of confidence." The goal of a good leader is to make students, residents, fellows, faculty and division leaders confident.

Based on my father's history in the Navy, and my opportunity to be in the Army Reserves, I have rubbed elbows with a number of military commanders for whom I have great respect. There has been an entire generation of surgeons who served in Vietnam and, more recently academic leaders who have served in Operating Enduring Freedom and Operation Iraqi Freedom. It is a personal bias of mine, but I say: "give me a military man or woman any day." I seek these individuals as residents, and am proud to appoint them to my faculty. They are disciplined and have an understanding of the chain of command, which is important for any organization to prosper. Colin Powell has written a tremendous amount on leadership and is the epitome of a modern military leader who has set forth a series of principles that are absolutely essential for an academic leader to understand. Powell says, "Leadership is solving problems. The day people stop bringing you their problems is the day you stop leading them. They have either lost confidence that you can help or concluded that you do not care. Either is a failure of leadership." The privilege of leadership is something else that Powell talks about. "Leadership requires that one take responsibility. The ultimate responsibility is that of your team. Understand that you cannot please everyone, and leadership is not a popularity contest. Once a decision is made, stay with the decision despite opposition if you think it is right. It is very important that your constituents be supported." It is also important to praise those around you in public for what they have accomplished and criticize in private what has not been accomplished. One must lead by example and not decree, and crediting others with a team's success is probably one of the most powerful force multipliers one can do. Other lessons by Colin Powell are to discount organizational charts. Titles mean little, and certainly title of Department Chairman means nothing if you are dissociated from your division chiefs, residents, ancillary health personnel, administrative support staff and the hospital administration. A leader must be perpetually optimistic because this is a force multiplier and as one builds a department, one needs to look for people who have loyalty, integrity and energy. Realize that command is lonely, and one must also know when to exit. As Powell said, "Leadership is ultimately responsibility, and it's the ultimate responsibility."

As a disciple of leaders that I have mentioned and a student of those I have read about, I can summarize my perspective as a Chair. One needs to maintain a positive attitude, champion an integrative win-win approach with the health system, enforce personal discipline, and be responsive. You must be a competitor. You always must set the bar high. You are hired not for the easy decisions but the difficult ones. For example- hiring faculty is based on mission-based needs. A good leader creates succession plans and understands the need for a marketplace strategy.

Malcolm Forbes believed that first class leaders recruit people better than themselves; second class leaders recruit third-class people. I believe this. There are Red flags regarding when not to hire faculty. A potential recruit may be talented however if there is no room in a section, division or for another faculty member you will create a problem that is difficult to manage. In such cases you will create conflict by having too many mouths to feed with not enough work to do, or not enough resources to provide for those that are already there. Any individuals making frequent career moves, (you should vet carefully). If one's gut tells you that they are not a good fit, they are not a good fit.

Accountability is something that I am particularly keen on. There should be mission-based goals set each year for faculty. Frequent communication with section leaders is essential. Quality and safety goals are built into our compensation plan that ultimately benefits our health system. There are team goals, individual goals, and certainly, citizenship is important. Leading is motivating and encouraging those around you by cheerleading, mentoring, compensating, providing ownership, providing opportunity and fulfilling dreams of those that you work with.

The academic leader in 2018 derives credibility from clinical skills, demonstrates commitment to education, respects research, is enthusiastic about team building and coaching, has a business sense, anticipates road blocks, avoids calamities and continually collaborates with those around him or her. A leader must be able to do is to admit mistakes. Apologize when needed, take risk, maintain humility, and remember that you are only as good as your last quarter! A Chair's responsibility is to set vision, develop strategies, set standards, establish accountability and, lead by example. Earn respect; it cannot be mandated. Respect your work force, and know that people are your most important asset. One's work is never done. Take a long term view, and build by supporting others. This is the key to success in leadership. Time will change. Challenges in health care delivery will change. Principles of leadership are time honored and consistent throughout the history of medicine. As I reflect on the last nine years as Chairman of the Department of Orthopaedic surgery at the University of Pennsylvania, I am proud of the team that we have built to address all missions.

Nine years ago was a time of tremendous uncertainty in our department's history. A new Chairman was appointed from the outside, an increasingly competitive marketplace threatened practice growth, economic volatility in our country limited investments in our enterprise, and faculty insecurity overshadowed teamwork. Today, our culture is proudly defined as "a blue collar work ethic imbedded in an Ivy league university". Our faculty is almost tripled, our educational programs are among the best in the country, and our aggregate research abilities are unrivaled in the US. We have a MSKR center, a MSKR service line, and eight hospital sites compared with three when I began. Our goal for the next nine years is to build on this early success, remain humble, committed and determined. It is a privilege to lead this outstanding team. Onward!