In reflecting on the course, and the year since then, I see several themes. Among them are the intentional development of leadership skills and strategies, increasing awareness and appreciation of the challenges and issues in contemporary health care in the United States and globally, and promoting networking and support for colleagues and trainees.

The course itself was both an engaging opportunity to learn, but also a catalyst to pursue further education and experiences, as well as using the tools and tactics that were taught. Jon Chilengerian’s expertise and enthusiasm (with Linda Purrini’s steady support) integrated the course content and developed an environment that allowed for discussion and dialogue. Dr. Chilengerian’s presentations on strategic decision-making and thinking emphasized the distinctions between management and leadership as well as examining situational awareness, biases and assumptions. Case studies, with group participation, helped to develop these concepts. The sessions by Jeff Prottas and Joel Cutcher-Gershenfeld’s on conflict resolution by negotiation (“Getting to yes”) and in health care, utilized practical “real-world” situations to demonstrate both desirable and less desirable outcomes. Understanding that negotiation involves far more than visible positions and that discerning underlying interests (including needs, concerns, hopes, fears, qualities and contingencies) creates opportunities to foster communication, collaboration – and successful negotiating strategies. And although quality and process improvement are popular subjects at present, they are most often introduced and pursued as “mandatory good ideas from the administrators” with little to no long-term benefits.

The essential role of relational coordination in creating highly functional groups was taught by Jody Hoffer Gittell with pragmatic description of steps and processes involved (“Relationships of shared goals, shared knowledge and mutual respect create a culture that supports process improvement”). All these strategies were further enhanced by practical exercises in process flow and capacity evaluation and networking/change implementation – which also served to reinforce the lectures.

In the area of health policy, Stuart Altman’s encyclopedic (perhaps “wikipedic” should be the new terminology) knowledge of “how we’ve arrived where we are today” put a clear perspective on US health policy and spending. I’ve been familiar with the statistics and comparisons with other countries, but it was enlightening to hear how our present system developed – and rather than simply describing the inequalities and short fallings, it was helpful to discuss choices for going forward. (Two quotes: Altman’s Law: Nearly every major interest group favors universal coverage and health system reform, but, if the plan deviates from their preferred approach, they would rather retain the status quo and “Ultimately, one has to decide whether his or her preferred approach, which might be politically impossible, is better or worse than a less ideal...
alternative that is more likely doable (Power, Politics and Universal Health Care).” The discussions by Dr. Opelka and others were similarly helpful to consider potential options for future directions. Dr. Altman’s discussion of controversial issues which included payment differentials, use of APC – and non-network billing seems particularly prescient given recent bills introduced in Congress – as well as ACS advocacy efforts.

Another theme in leadership was supporting and developing (= coaching) colleagues and co-workers. An additional aspect was developing relationships with classmates = meeting surgeons who I might not have had the opportunity to meet.

Since the course last June, I’ve been pleased to continue my involvement with the ACS. As a member of the Health Policy and Advocacy Group, I’ve benefitted from a better understanding of the foundations of US health policy and been better equipped to evaluate both advocacy and legislative efforts. Additionally, as a member of the Stop the Bleed advocacy workgroup of the Committee on Trauma (COT), I’ve further profited from this education. I also serve on the International Injury Care Committee and Clinical Congress planning committees of the COT. Other ACS activities include the International Relations Committee, where I serve as vice-chair for the Advocacy Committee (with Operation Giving Back), and serving as a consultant to the Governors workgroup for Physician Competency and Health (leading the workgroup on the Aging Surgeon, revising the current ACS statement and preparing a white paper). For the AAST, I am a member of the Patient Assessment Committee which has been active in preparing evidence-based reviews and guidelines related to both trauma and emergency general surgery issues.

At this year’s Leadership and Advocacy Summit, I found the panel discussion on advancing a surgical career thought-provoking (and a discussion which would have been very helpful early in my career, but now helpful to further the careers of more junior colleagues, fellows and residents). The presentations on leadership and coaching (Dr. Peck) and mentorship malpractice (Dr. Telem) reinforced what I’d previously learned, but also highlighted opportunities and pitfalls in these areas. Advocacy presentations both at the state and national level were inspiring and challenging: ideas from Virginia on inclusion and empowerment and a full-scale commitment to the Stop the Bleed campaign in Indiana were particularly memorable. The issues of surprise billing, prior authorization, firearms research and violence prevention were highlighted again and will continue to be challenges. One of the other highlights of the summit was re-connecting with several of my classmates from the course and continuing to work together with them in other organizations.

Having the opportunity to take the course has increased my perspective from the “30,000 foot” level while at the same time increasing my ability to negotiate and navigate change in my own institution with administration, in the OR, trauma bay and ICU and within my own department. I continue to work on developing skills and confidence in negotiation from “interest-driven” positions. I’ve been provided tools and strategies for strategic leadership in these areas as well as for the professional organization that I’m proud to serve.