

The image features two white hands, palms up, cupping the central text. The hands are stylized with simple outlines and are positioned symmetrically on either side of the text. The background is a solid, muted olive green color.

Presidential Address:

STEWARDSHIP
of our profession

by Patricia J. Numann, MD, FACS

Editor's note: The following is based on the Presidential Address presented October 23 during the Convocation ceremonies that preceded the 97th Annual Clinical Congress in San Francisco, CA.

Welcome to Fellowship in the American College of Surgeons (ACS). You have demonstrated your commitment to society by becoming a surgeon. Now, by becoming a Fellow of the ACS you have committed to an even higher goal of becoming a steward of our profession.

Stewardship is an old concept dating to the 15th century. The word is derived from the old English word, "stigweard"; stig meaning "hall" and weard meaning "keeper." Stewardship is defined as the responsible overseeing and protection of something considered worth caring for and preserving.* Originally, the term was primarily applied to religion, but now it is applied to many areas, including the environment, financial affairs, and health care.

In 2000, the World Health Organization (WHO) report established stewardship as one of the four essential functions of the health care system—the other three being service provision, resource generation, and financing.† In November 2001, WHO suggested that the core domains of good stewardship were as follows: generating intelligence; formalizing strategic policy direction; ensuring tools for implementation; building coalitions; ensuring a fit between policy objectives, organizational structure, and culture; and maintaining accountability.‡

Other organizations, such as the American Board of Internal Medicine and the Aspen Institute, have developed defined programs in health care stewardship. The Aspen Health Stewardship Coalition, founded in 2007, hopes to bring meaningful principles to the reform of the U.S. health care system. A Fellow of the College, Delos Cosgrove, MD, FACS, is a member of their advisory board. The ACS has always acted as a steward of the surgical profession. As Fellows, you will be stewards of the profession of surgery and of the ACS, and you will carefully

and thoughtfully contribute to the direction and management of this organization, as have the Fellows before you.

Commitment to stewardship

When the ACS was established almost 100 years ago, the quality of surgical care was variable and the professional behavior of surgeons often questionable. The founders of the College sought to change those less than desirable practices and become the stewards of our profession. They developed basic standards for surgical practice and a code of behavior followed to this day. Since then, Fellows of the ACS have made enormous contributions to the practice of surgery, the understanding of surgical disease, and the systems that affect patient care. They have developed an educational program to support surgeons in training and in practice as they strive to maintain the most up-to-date knowledge and skills. As new Fellows, you are the future of the American College of Surgeons and of the profession all over the world. Hence, you must continue the work of your predecessors by being good stewards of our profession—a profession you will be proud to have your daughters and sons pursue.

You may think, "How can I, as one individual, make a difference or guide our profession?" My response would be, "Who can better know our patients' and our profession's needs?" For the past 100 years Fellows just like you have made incredible contributions and guided our profession responsibly. The process is never-ending as society, science, and technology are continuously changing.

Stewards of trauma care

For example, Fellows of the ACS have revolutionized trauma care and created a system that assures all Americans quality care should they be injured. The Advanced Trauma Life Support® (ATLS)® Program began when a Fellow, and former Director of the ACS' Division of Member Services, Paul E. "Skip" Collicott, MD, FACS, experienced the preventable death of a colleague injured in an accident. That event led through the work of many to the ATLS Program and the system of trauma centers that exists today. The "golden hour" during which intervention has a major impact on survival was identified through the work of ACS Fellow Donald D. Trunkey, MD, FACS. The

**American Heritage® Dictionary of the English Language, Fourth Edition.* Boston, MA: Houghton Mifflin Company, 2009.

†Saltman RB, Terrousseer-Davis O. The concept of stewardship in health policy. *Bull World Health Org.* 2000;78(6):732-739.

‡World Health Organization. Report of the Scientific Peer Review Group on Health Systems Performance Assessment. Section VI: Stewardship. Available at: http://www.who.int/health-systems-performance/sprg/hspa06_stewardship.pdf. Accessed November 9, 2011.

Advanced Trauma Operative Management Course, devised by the ACS Committee on Trauma under the leadership of Lenworth Jacobs, MD, FACS, assists surgeons in learning and maintaining the technical skills necessary for the care of trauma victims. The work of such Fellows as Bill Schwab, MD, FACS, on the National Transportation Safety Board, has contributed to highway safety. Correlation of speed and crashes has helped shape policy and improve car design. Research performed by many Fellows has improved outcomes for trauma patients. Unfortunately, there is still death and disability from injury, so there is still the opportunity for you to become involved in these existing programs or create others that will help assure that all people have fewer injuries and excellent outcomes when injured.

Stewards of cancer care

Another area where Fellows of the College have been leaders is in cancer care. The Commission on Cancer (CoC)[®], founded in 1922, is a multidisciplinary group with a robust organizational structure. The group has many functions, and it welcomes participation from all who are interested. The CoC maintains a National Cancer Data Base for use in outcomes measurement, uses a classification system that allows appropriate comparison of outcomes, and conducts numerous courses to provide the best information to our members. It has developed accreditation programs to ensure patients receive excellent care. Your health care facility's participation in the accreditation program for cancer centers shows your patients and your community your commitment to excellence.

For decades, the ACS has supported cancer research. The National Surgical Adjuvant Breast program, administered by Bernard Fisher, MD, FACS, conducted trials that led to dramatic changes in breast cancer care. The American College of Surgeons Oncology Group continues to sponsor trials for a number of malignancies. Surgeons may enroll their patients in these trials and participate as investigators. M. Judah Folkman, MD, FACS, through his research on angiogenesis factor, brought a new understanding to the spread of malignancy and facilitated the development of a drug that interfered with that process, thereby improving survival. Fellows of the College have been, and through you will be, good stewards of cancer care.

Opportunities for stewardship

These are but a few of the programs of the American College of Surgeons. The Division of Education, under the leadership of Ajit K. Sachdeva, MD, FACS, FRCSC, has created numerous programs to assist surgeons in keeping current both in knowledge and skills. The *Surgical Education and Self-Assessment Program*[™], now nearly 50 years old, has many volunteers authoring the questions. You can be one of those volunteers.

The ACS Division of Advocacy and Health Policy similarly keeps us abreast of the latest developments in these areas and represents us to our elected officials and to other health care organizations. Only through this advocacy will our perspectives on issues be heard. The ACS Professional Association's political action committee (ACSPA-SurgeonsPAC) involves many Fellows who guide this advocacy effort. Literally hundreds of volunteer Fellows help the College accomplish its work.

Fellows of the College have contributed to society in so many ways. ACS Fellow C. Everett Koop, MD, FACS, when serving as the U.S. Surgeon General, aggressively promoted smoking cessation. Fellows are actively involved in important public health issues, such as the obesity and violence epidemics. Surgeons can certainly affect those issues. The number of opportunities is endless.

Ensuring all people access to excellent surgical care is also part of our stewardship. Distribution and numbers of surgeons are becoming critical issues. Rural America already has a severe shortage of surgeons. The ACS Committee on Rural Surgery is working to support rural surgeons and is investigating ways to increase their numbers through loan forgiveness and practice support. Tyler G. Hughes, MD, FACS, a general surgeon from McPherson, KS, is developing a communication system for rural surgeons that will allow them in real-time to discuss issues of concern to them. We can all help support rural surgeons in our area by making consultation easier. We need to ensure that they can easily participate in educational programs and acquire new skills. Our training programs must prepare residents to enter rural practice. Currently, 80 percent of residents pursue fellowships. I am sure most of you did. Data suggest that you did so because you did not feel ready to enter practice. Mark T. Savarise, MD, FACS, from Sandypoint, ID, and the College's Young Fellows Association are

working to develop a transition-to-practice program to make the transition smoother and hopefully to reduce the need for prolonging training. New Fellows are the very people who can offer insight into the ways this program should develop.

Worldwide stewards

Our mission of stewardship extends beyond our borders. Access to surgical care throughout the world is variable. Civil unrest and environmental catastrophes further challenge the limited resources in many areas. In 2001, the Board of Governors' Committee on Socioeconomic Issues encouraged the College to more closely examine the extent of volunteer involvement and interest among ACS members. A task force chaired by two ACS Fellows, Andrew L. Warshaw, MD, FACS, and Robert V. Stephens, MD, FACS, found great breadth and depth of engagement and, in fact, many surgeons considered volunteering an integral component of their professional identity. As a result, Operation Giving Back (OGB), directed by Kathleen Casey, MD, FACS, was founded. OGB programs contribute to the educational endeavors in many areas and provide service in times of great need. Fellows have rushed to aid the victims of Katrina, of the hurricane that devastated Haiti, and of the tsunamis in both Banda Aceh and Japan. Other volunteers go to educate and introduce new technology in other parts of the world. Fellows act as ambassadors for our College through these programs. Respect for the culture and sustainability of the programs are stressed. Fellows are always needed for these programs. In times of crisis, it is gratifying to see how many respond to that call.

Immigrant surgeons have long provided a significant proportion of surgical care in America. Many of these surgeons have become leaders in the American College of Surgeons. The loss of these surgeons to their country of origin is profound in its impact. Our surgical training programs now support the workforce in many countries by training U.S. surgical residents outside the U.S. and having American faculty supervise and teach at those training sites. A total of 35 surgical programs have rotations in other countries that count as part of their residency requirement. Other examples of collaboration are the Hernia Project in Ghana, in which the ACS and the West African College of Surgeons offer skills labs

to bring new technical skills to Ghanaian surgeons; and the Minimally Invasive Training Program in Mongolia, under the direction of Raymond R. Price, MD, FACS, of Murray, UT, and the Health Sciences University of Mongolia, which is bringing laparoscopic cholecystectomy to that country.

Fellows have been responsible stewards of our profession globally through their involvement in programs such as these and, thereby, have increased the dissemination of knowledge, the understanding of cultural differences, and improved access to surgical care. In addition, each year Honorary Fel-

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lowships are awarded to surgeons who support the mission of access to quality surgical care throughout the world. There are many programs at the Clinical Congress that address these initiatives, providing many opportunities for Fellows to find out how to become involved.

Stewards of quality

Systematic improvement in the quality of surgical care has been the mantra of the ACS since its founding, and continues to be so. The National Surgical Quality Improvement Program (NSQIP®), initially developed in the Veterans Affairs health care system under the leadership of Shukri Khuri, MD, FACS, has become a program of the College. This

project demonstrated the Hawthorne Effect—that is, observation alone creates change. Just observing a number of variables in the patient’s course of treatment have resulted in dramatic improvements in outcomes in every hospital that has implemented the program. The College is working diligently to disseminate this program and see that it is in place in all hospitals. Opportunity exists for Fellows to implement this program in their hospitals. Monitoring outcomes will result in constantly increasing the quality of our care.

It behooves all of us to track our own outcomes data. This year, the College launched the Inspiring Quality: Highest Standards, Better Outcomes program with a basic goal of fostering a culture of continuous improvement that can catalyze continuous change leading to increased quality. This new initiative will need many Fellows’ involvement to come to fruition and further demonstrates the commitment of the Fellows to quality care. All of us want to go beyond competent to excellent.


Stewards of the profession

Part of the stewardship of our profession is our responsibility to one another. When we see our colleagues in need of help, whether it is with regard to acquiring new knowledge or skills or in dealing with personal or professional crises or disabilities, we should help them. Should we see colleagues who have cognitive or physical impairments that do not allow them to continue practice, we must encourage them to modify or change their practice or to step down. If individually we are unable to advise them or influence them, we must ask for assistance from our leaders. Stewardship of our profession does not allow us to look the other way.

We all became physicians not only because of our interest in science but also because of our commitment to humanity. Each of us is a steward of our profession by the example we set in our personal and professional behavior. In this time of health care reform we must be ever-more vigilant in protecting our patients and our profession. We must take on the responsibility of continuing to contribute to resolving the issues of the day and advancing our discipline. With the responsibility of the stewardship of our profession comes enormous opportunity to leave your mark on your community and our profession.

Begin now to identify areas where you wish to

make that special contribution. Actively participate in College activities: join your local chapter, attend College meetings, and sign up for committees. You will enjoy the tremendous rewards of the Fellowship of terrific surgeons. I could never have imagined how my involvement with the College would enrich my life. I want you to be able to have that experience as well.

Again, welcome to Fellowship in the American College of Surgeons, and thank you for the privilege of serving as your President. 

Dr. Numann is the Lloyd S. Rogers Professor of Surgery Emeritus, Distinguished Teaching Professor Emeritus at the State University of New York (SUNY) Upstate Medical University, Syracuse, and the 92nd President of the American College of Surgeons.

