Presidential Address:

Lessons for a rewarding career
learned along the way to this podium

by J. Wayne Meredith, MD, FACS, MCCM
Welcome new Initiates, newly elected Honorary Fellows, existing Honorary Fellows, and Officers to the 2020 Convocation Ceremony, and welcome to Fellowship in the American College of Surgeons (ACS). What an incredible accomplishment! You should be proud of yourselves. You’ve worked so hard to get to this point, and you deserve it richly. I know we’re not all in one big room, but hug the ones you’re with and pat yourselves on the back for this amazing achievement in your career.

These are unprecedented times in which we’re living, alongside coronavirus 2019 (COVID-19), but they are not insurmountable. We are all going to get through this—you’re going to get through this. You’ve made countless sacrifices, but we will overcome this challenge as we navigate and adapt to the new normal ahead.

The College’s COVID-19 response
While challenging, in some ways these times also have been illuminating. As President-Elect, I’ve had the opportunity to see the inner workings of the ACS, and I’ve never been prouder to be a Fellow of the College than I am now. The College leadership, its staff, and Fellows everywhere have sprung forward to support surgeons across this country in tremendous ways in their pandemic response.

They immediately formed a twice-a-week Incident Command WebEx to deal with issues like staff working remotely and the concerns that surgeons were facing. The onset of COVID-19 affected each of us across the country, especially as practices began to close and procedures were temporarily suspended. The College stepped in and provided guidelines on how to safely tier down surgery and, later, guidelines to scale back up. They created tools for patients as they resumed delayed operations, reassuring them it was safe to return.

The College also formed a Practice Protection Committee, which did unbelievable work lobbying for surgeons and physicians’ practices to get support for small business administration loans and financial support to offload employees. It was impressive how the might and determination of the ACS mobilized to help all of us.

Taking action for inclusion and equity
In the midst of the pandemic, we were struck with George Floyd’s death and the disturbing truths it highlighted about racism in our country—drawing attention to an issue so many have tried to hide from, or hide in general. The College, which has a long history and strong position on diversity, decided to release a call to action, which it did very quickly. It was a sincere call to action and is one I’m proud of, but the Board of Regents built on this, saying a call to action was just not enough—we need to find ways that we as the ACS are able to improve upon issues of race and ways we are able to improve surgery and the ways we are able to improve health care.

In response, they formed an ACS Task Force on Racial Issues. I was honored and, it turns out, privileged to serve as the Chair of this task force. It has been one of the most gratifying experiences of my life; I think it will change the College, and I hope and believe it will change American surgery. The group asked us to identify the structural, procedural, and cultural areas within the College itself that needed to improve; identify actionable, substantive changes that needed to be made; and recommend changes to the Board of Regents to implement sustained progress in these areas.

The people who serve on this committee are amazing. We came together and created a safe, open space for having difficult, meaningful conversations that gave us greater insight into the ACS. I believe the recommendations we suggested will be transformative (see page 63 of this issue for the recommendations). We presented
our suggestions to the Board of Regents, and, having spoken with them and knowing their heart and determination, I’m confident they are going to develop these ideas into strategies even greater than those we recommended.

We’re looking at our Zone of Control—the things that are within our domain in the College. Specifically, we’re examining how people access and then advance within the College. For instance, when you attend a meeting, do the people presenting from the podium look like you? Do all of our programs, Verification and Quality, education, and research adequately express our values in terms of equity?

We’re also exploring our Zone of Influence and our impact on other surgical organizations and medical societies. We can influence chapters, departments of surgery, and practices and are looking for ways to make a positive difference in all of those areas.

Lastly, we’re looking at our Zone of Concern—the external actions that we can’t control but that we can influence as they affect our practices and patients, such as federal legislation, state legislation, and regulations. The College has a strong advocacy arm, and we are finding ways to work in those areas. It has been extremely impactful, and I think you will be amazed to see it.

The takeaway message—both for me personally and our organization as a whole—is that to be truly outstanding, we need to be excellent at addressing issues of racial equity. Being excellent means being compassionate, brave, empathetic, and equitable in the care we give. It also means being aware, knowledgeable, and intentional in effecting positive change. Race is an issue everywhere in American life—sometimes overt, sometimes hidden—but it is part of the fabric of our culture. If we intend to deliver the very best care to our patients and communities, we must commit to and take action to ensure diversity, inclusion, and equity for all. This is true for the ACS, every hospital, every practice, and every one of us as surgeons.

It’s not enough to be color-blind—we must be color-bold. These conversations are difficult, but we must have them, and they will help us become better surgeons. Our motto is “to serve all with skill and fidelity.” The College has designed programs to help us better serve all and to advance our skills and fidelity in many ways. It is our responsibility and commitment to ensure we always bring this motto to life in our interactions and the ways we connect with patients and each other.

**My beginnings**

I’ll segue a bit by telling you how I got where I am today. My parents had a tremendous impact on me, and I did not realize until recently what a privilege it was to have been raised by them or even really understand what privilege means in some contexts.

My dad grew up in deep Appalachia during the Depression, and his mother was a missionary in Appalachia. He went to college, served in both theaters of World War II, and ultimately went to medical school and married my mother. He went on to become a professor of surgery and transplant surgeon who helped found the Southeastern Organ Procurement Foundation, which was the founding organization that ultimately became the United Network for Organ Sharing. He was the first surgeon in our country to successfully replant a severed hand, and he won the American Medical Association Distinguished Service Award in 2011 for his service as a public health servant, running the North Carolina Department of Health for 35 years. He was an amazing man. Without knowing it or intending to, he taught me how to think and analyze like a surgeon and work with my hands, basically preparing me to become a surgeon. Learning to be a surgeon came easily and naturally to me because I had him as a role model.

Likewise, my mother was an incredible woman. She was the principal of a high school by the time she was 21. After getting married, she formed multiple businesses in Winston-Salem, NC, but her most...
important contribution was founding and then serving as the pro bono executive director of the Stouffer Foundation, the mission of which was to identify underprivileged children and give them the opportunity to attend prep schools, mostly in the South. The foundation searched the country for students who scored a 1600 on their Scholastic Assessment Tests and great grades—students who needed a chance. The foundation then brought the students together and gave them classes on how to prepare for interviews. They awarded full-ride scholarships to schools, bought the students new clothes, and supported them throughout the application and interview process. Upon my mother’s death, our family received letters from people all over the country expressing how grateful they were for her support and advocacy. These were partners in law firms and executives at Standard and Poor’s Fortune 500 companies. It was truly impressive and gratifying.

I’ve learned an awful lot from my parents. Most importantly, they taught me to learn something from everyone I’ve ever met, and I want to impart to you some of those lessons I’ve learned in this life about being a better surgeon. It’s not about cutting, sewing, dissecting, and tying. It’s about being a better surgeon and enjoying your career as you progress.

Lessons learned
Following are the lessons I’ve learned on the path to the ACS Presidency. I hope you find them useful in your career.

• Stones, pebbles, and sand
I want to start with a parable I learned from business author Stephen Covey. He talks about a lesson he teaches in business school class where he puts a jar on a desk and fills it with stones. He asks the class, “Is this jar full?” They respond “yes.” He then drops some pebbles and sand in the jar and asks, “Is this jar full?” Again, they respond “yes.” Finally, he adds water to the jar with the stones, pebbles, and sand and asks, “Is this jar full?” They then respond, “I’m not sure anymore.” When he asks the lesson learned, they typically say, “You can always do more,” but the lesson is that you have to put in the big rocks first.

You always can do more, and surgeons always do. We rise to the occasion. It’s one of the traits that makes me so proud to be a surgeon. If you’re going to be happy and healthy and have a successful career that you truly enjoy, you need to know what motivates, encourages, supports, and inspires you. These are your big rocks. Focus on the big rocks first—whether it is your faith, family, or health. Determine your biggest projects and the difference makers in your life and your career, and put in these rocks first.

• Notice who is at the table
Another lesson I’ve learned from participating in committee meetings, being a chairman of surgery, and serving on the North Carolina Medical Care Commission pertains to how decisions are made and influenced. To understand the decision-making process of any institution, you have to be at the table; but it’s hard to get a seat at the table, and we have to correct that. We need to look closely at who is at the table. Is the group diverse and representative of the people it serves? Then, we need to look at the issues at hand. What are the starting assumptions of the problem? What are the boundary conditions of the discussion? What is the process to decide what constitutes success? What are the defining goals and outcomes? Paying attention to these areas in the beginning will help the group get to the right place. It’s also very important to recognize that those who speak the most and the loudest are not always moving the decision in the right direction. Those who put aside their personal agendas and contribute positively to the mission at hand move the conversation where it needs to be.

• Find your joy
The success you see in others and achieve yourselves, like being head of your practice group, chair
of the medical executive committee of your hospital, President of the American College of Surgeons, or president of the Southern Surgical Association, is not the actual success. It’s a byproduct of doing what you love and spending your time, energy, and attention on what you care about and working toward these goals. The recognitions are great—we all want them—but they’re not the point. What matters is your commitment and passion to making a difference and making sure you don’t sacrifice fulfillment, joy, or friendship along the way.

Use your emotional intelligence
I learned an important insight from a book called Outliers by Malcolm Gladwell.* He writes about emotional intelligence, and I’ve realized that this concept applies to surgery as well. When I was a young surgeon, I thought that success was linearly dependent on talent. I worked really hard to hone my surgical skills. Keeping your skills up to date is really important. Better surgeons have better practices and outcomes, while poor surgeons spend their entire life a millimeter from the right plane, and that’s just no fun, so it’s very important to be skilled. But after a point, the difference that separates and elevates really great surgeons is a skill set beyond operating well. It is the ability to build teams and make the people around you better than they would be if you were not there with them. It is about using your emotional intelligence. This ability is the difference between the solid and dashed line in Figure 1, this page.

Guiding principles
Lastly, I’d like to share several guiding principles that inspire me as a surgeon every day and fulfill my life.

Let patients thank you
I recently had a little myocardial infarction, and I tried to impress upon my cardiologist how deeply grateful I felt toward him, and he kept saying, “It’s nothing, Wayne. We do this all the time.” I realize it was just a small posterolateral branch. It wasn’t a left main or a proximal left anterior descending artery, so it was not a really big deal to someone doing that work every day, but what he’d done was really important to me. He had taken that elephant off my chest, but I felt like he just wouldn’t accept my gratitude.

There will be 1,000 times in your career when patients want to thank you. It may be for removing a sebaceous cyst, evacuating a thrombosed hemorrhoid, or taking out a gallbladder. It doesn’t have to be a retro hepatic vena cava injury. Looking back, I’ve often made this mistake. I’ve said so many times, “We’ve got a great team, and we do this every day.” Please take the time to say to your grateful patient, “Thank you for noticing. I appreciate that you noticed the care that we gave you.”

There are two reasons to accept your patients’ thanks. First, you are acknowledging the gift of

gratitude that is being offered. It does not dishonor the emotion, but instead appreciates it. Second, it allows you to harvest the joy that comes from taking care of patients. It makes you take the moment to recognize you helped someone and made an impact on their life—and, ultimately, that’s the great reward of being a surgeon.

Own the wounds that you create
I’m sure you were told a hundred times in residency to own the wounds that you create. This doesn’t mean just checking on the wounds you made or seeing patients postoperatively. We own the wounds we create in the folks whom we’ve harmed, accidentally insulted, cut off from conversation, or failed to include in the decision-making process. We owe it to them to make it right. It takes a big person to do it, but when you acknowledge your responsibility for an injury, you build hundreds of friends and a supportive team around you.

Listen with your eyes
It’s difficult with the electronic health record, but patients need to know you’re paying attention to what they are saying. Looking while listening is a natural trait of human beings, and it’s really important with patients. It’s also important with our families. At the end of the day, when you get home, no matter how tired you are, look at your spouse and children and listen. Let them say what they need to say. Listen with your eyes around everyone.

Live on last year’s salary, not on next year’s salary

Live life with a presumption of virtuous intent
Assuming the best, or virtuous intent, will relieve you of the burden of feeling like everybody is trying to obstruct you or get in your way. They’re not. Live your life with a presumption of virtuous intent, and you will feel happier and more fulfilled in what you do every day. Roadblocks will disappear from in front of you.

Catch people doing something right six times as often as you catch people doing something wrong
People will move mountains to help you if you catch them doing something right. You also will find that you see the world around you so much better because you’re making the effort to share appreciation and find the good, instead of taking it for granted.

And, lastly, don’t forget why you went into this field in the first place
Surgery is the greatest profession in the world. You’ve entered this profession at a young age and with altruism—to make other people well and to be a part of something greater than yourself. Never lose sight of that goal. Write it down now. Write down what it means to you to be a surgeon and look at it every year or two. Make sure you never lose sight of your purpose.

The late Roger Sherman, MD, FACS, said, “Surgery—the opening, exploration and repair of the living human body—is an awesome responsibility afforded to only a few. To be privileged to be counted among those is a high honor….†” No words could be more true. It also is a high honor to be inducted into the ACS, and I want to congratulate you. You are joining the greatest profession there is, and you are going to have the greatest job on earth.

I extend you a formal invitation: get engaged with the ACS. If you’re a surgeon committed to serving all with skill and fidelity, we are here to serve you. Congratulations! I look forward to serving as your President this year. ♦