

## The Midwest Surgical Association

# Presidential Address: Legacy and leadership: a surgeon's perspective

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Fellow members of the Midwest Surgical Association, Dr. Grosfeld, Dr. McGinnis, residents, and guests, I am humbled and honored to stand before you as one of the 51 surgeons previously elected to be president of the Midwest Surgical Association. To be included in such a list of distinguished and accomplished surgeons is an honor I will always cherish, and I want to thank all of you for the opportunity to serve you and this organization.

I was accepted into the association in 1993, but my relationship with the organization began 20 years or so prior with my father, who has been a member since the early 1970s, and then continued during my residency years at Indiana University (IU) in the late 1980s. Many members of the IU faculty were and continue to be active in the association and promoted the virtues of membership and active participation. The combination of a strong scientific program as well as an emphasis on the inclusion of family in the annual meeting is what distinguishes us from other professional societies and remains the foundation of our continued success. A year does not go by without my family asking me where and when the annual meeting will be taking place.

I would like to publically thank a number of individuals, for without them I would not have been able to be as active as I am in the organization. My past and present partners at Wheaton Franciscan Medical Group have supported me wholeheartedly. My parents, Dr. Jerry and Marilyn Hardacre, provided resources and emotional support for the op-



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portunity to be a successful surgeon. Last but not least are my wife, Sarah, and my children, without whom I would not be in the position that I am today.

In choosing a topic for my presidential address today, I looked to my predecessors to get a feel for the magnitude of this great honor. I had the opportunity to read and reread the available addresses. Thanks to Dr. Richard Berg for collecting and collating them and to Dr. David Farley's wife, Cathy, for making them available on our Web site. Previous addresses have had an academic or scientific flavor, while others have looked at contemporary political, economic, or social issues affecting medicine and surgery. A common theme, however, was the obvious time and effort spent on a topic that was near and dear to the hearts of each of the previous presidents.

In examining my interests, I did not feel that an exposé on golf would be appropriate, nor that of a social or political issue. Unfortunately, in our current political and economic climate, one cannot escape the multitude and magnitude of the nonmedical and nonsurgical issues that each of us and our organizations face each and every day.

I do not profess to be an expert on any specific surgical topic. However, leadership, both personally and professionally, has been very dear to my heart, and I felt that I could impart some knowledge and experience on this subject.

Leadership is not a new topic for this address. Dr. Samuel Porter,<sup>1</sup> Dr. Thomas Stellato,<sup>2</sup> and Dr. Steven De Jong<sup>3</sup> discussed some components of leadership in their respective presidential addresses. The ability to lead and being a great leader is a skill that is nurtured and developed over a long period. It is a legacy built and based on past, present, and future experiences. It is this concept of legacy and its relationship to leadership that I wish to reflect upon.

*Merriam-Webster* defines legacy as "something transmitted by or received from an ancestor or predecessor or from the past."

Dr. Darrell Campbell<sup>4</sup> opened his presidential address in 1998 by describing himself as a third-generation doctor. I too have been blessed as a third-generation health care provider. My grandfather, Dr. Riley L. Hardacre, was a dentist in solo practice in Wapakoneta, Ohio. He was very successful, practicing over 25 years in a town with a population of fewer than 3,000. I can remember going to his office, as a boy of 6 to 7 years of age, experiencing that distinct smell of a dentist's office and the sound of a foot-powered drill. He was omnipresent, not only at the office but also at home. His claim to fame is that he was the first dentist to have fillings on the moon, having had the privilege of being the dentist to Neil Armstrong and his family. He was also a community leader, participating in many community service organizations, culminating in being a Paul Harris award winner for the local Rotary. During my impressionable early teenage years, he made a point of taking me aside and expounding on the virtues of being a health care provider and the tremendous responsibility that it brought. This was my first exposure and recollection to the concept of leadership, especially in the community and at home.

My father, Jerry M. Hardacre, M.D., has had a tremendous influence on me and my professional career. His leadership and mentorship at work was equaled by his guidance

and love at home. He led by example, demonstrating the drive, determination, compassion, and hard work it takes to be a successful surgeon. Before the days of HIPPA [the Health Insurance Portability and Accountability Act], I would accompany him on rounds at the hospital. His bedside manner made quite an impression, and to this day, I still emulate and copy his style by sitting on the edge of the patient's bed or pulling up a chair and talking to them on an even level. His brand of leadership was one of "quiet influence," carefully choosing his words and actions. For this he was rewarded by being elected to the Executive Committee of the Marshfield Clinic for many, many years. However, when he needed to, he could be quite profound, as evidenced by many of the passages he would write in books I would receive as I progressed with my medical education and training. Upon graduating from medical school, he wrote in my *Zollinger Atlas*, "Best wishes for a personally and professionally satisfying and rewarding career in medicine and surgery. The rigorous schedule and learning has just begun. No career can be more rewarding than that of a good physician."

If my father was the "quiet influence," then my mother, Marilyn L. Hardacre, clearly would corner the market on "vocal influence." Her leadership was more classical in nature, convincing you to do whatever needed to get done and doing it in such a way that you felt good about it. Once my youngest brother was in grade school, she embarked on a political career, ultimately being elected mayor of Marshfield, Wisconsin, for four 2-year terms and then serving as the executive director of the Marshfield Area Chamber of Commerce and Industry for 11 years. She was very active on many local, regional, and statewide fronts. Her constant energy, positive attitude, and involvement throughout the community are attributes that I wanted to aspire to. I am quite certain that many of my leadership styles come from both directly and indirectly observing my mother at her best. I clearly learned that you cannot please everybody, that there are winners and losers. She, however, had the uncanny ability to build consensus, even with her critics, and that, in my mind, is her legacy in my leadership journey.

Ancestry is not the only avenue for leadership development. All of us have been exposed to many leaders and role models in our education and training, some good and some bad. I have worked with many great individuals over the years, all of whom who have influenced me in one way or another. Remember, *Merriam-Webster* stated that "legacy" can come from predecessors or from the past. Most of us can think of the great influences from high school, college, medical school, or residency. I would like to expound on two.

James A. Madura, M.D., was the section chief of general surgery at Indiana University as well as the residency director. Along with Dr. Thomas Broadie, the university "A" service was one of the most challenging yet rewarding rotations in our program. Everyone knew their place on the team. A stickler for perfection and attention to every detail, Dr. Madura's leadership style was one of integrity, honesty,

and moral fortitude. He demanded accountability but was quick to recognize and reward all who deserved it. He always thanked the staff for a job well done. However, it was his humility that impressed me the most. As a junior resident, I firsthand observed him taking full responsibility when a chief resident brought out the wrong limb of a diverting colostomy and the patient needed a second operation to correct the problem. He easily could have blamed the resident, but chose a more dignified approach. With the entire team present, he pulled up a chair, took the woman's hand, and said "I made a mistake and I am going to correct the problem." She had an uneventful recovery, with never any legal action being taken. Being accountable and taking the blame when things go wrong is more important as a leader than it is to accept the accolades when things go right.

Jay L. Grosfeld, M.D., as we learned yesterday, is the Lafayette F. Page Professor and Chairman Emeritus of the Department of Surgery at Indiana University School of Medicine. He single-handedly developed the section of pediatric surgery at Riley Children's Hospital. With his leadership, Riley Children's Hospital became and remains today one of the premier centers for the surgical care of children and infants. However, he did not stop there and was appointed chairman of the entire Department of Surgery in 1985, serving in that capacity until 2003, when he stepped down. He was a tireless leader, actively participating at the local, regional, national and international levels. To me, he demonstrated the ability to balance an extremely active professional career with the needs of being a consummate family man. The ability to achieve this balance is what inspired me to consider his style of leadership in my future endeavors. I will always remember my last day of residency, when we had an "exit" discussion before embarking on my private practice career. He counseled me to understand my role as the "new kid" in Racine, Wisconsin, and to use the surgical tools and knowledge imparted to me to improve the overall surgical care in my new community. He reminded me to be positive in my interactions with other colleagues, surgeons and nonsurgeons alike. Paraphrasing, he said, "Don't back down on your principles and always advocate for your patient but remember to be respectful and professional with your medical and surgical colleagues." I associated his words as an example of "aequanimitas," the even-keel philosophy of Sir William Osler of Johns Hopkins University Hospital.

Each of us probably has similar stories that have influenced us, both positively and negatively. We have experienced good and bad leaders. The point is that past experiences dictate how we approach not only the present but also the future. It is how we use these experiences to our advantage determines how successful as a leader we will be. Some of us do not want to be a leader, but whether we like it or not, as surgeons, we are leaders. We have always been leaders, many times by default. As residents, we led the medical students and interns. As chief residents, we led the residents. In our offices, we are the leaders and decision

makers. In the operating room, we are the captain of the ship, providing guidance for every aspect of the operations that we perform. On our medical staffs, surgeons are often looked to for leadership. We are judged by how we conduct ourselves, how we lead, and how we act. Our team views our "leadership" just as important as the technical performance of the operation. We lead by example and, whether we like it or not, are held to a higher standard.

This legacy of surgical education and leadership concept can trace its roots to Dr. Harvey Cushing of the Peter Bent Brigham Hospital of Harvard University and Sir William Halsted, M.D., of Johns Hopkins University. Dr. Robert Zollinger<sup>5</sup> in his book *Elliott Carr Cutler and the Cloning of Surgeons* examined the story of Dr. Elliott Cutler, his chief mentor. He made the claim that many modern-day surgeons could trace their legacy to Drs. Cutler and Cushing (and indirectly Dr. Halsted), and I believe it is correct. If each of us followed their path backward through their respective chairman or section chief, most if not all would end up with their "family" tree beginning with Dr. Cushing or Halsted. These surgical leaders have been recognized not only as the fathers of American surgery but also have been credited with the creation of most currently accepted surgical training program principles. Their leadership styles have been copied, tweaked, amended, and improved with each generation. Many residency directors in this room today know what I am talking about.

As I researched this topic, I came across another presidential address with a similar theme. Dr. William M. Abbott, Massachusetts General Hospital, gave the presidential address to the Society for Vascular Surgery at their 52nd scientific meeting in June of 1998 in San Diego, California. His talk, titled "Legend, Leadership, Legacy," examined the life of Alexis Carrel, M.D. He said, "Legacy is what happens if what is done turns out to be the right thing, thereby resulting in future success. Leadership is what is needed to make the right decisions to achieve that success. Leaders must possess a blend of skills, including boldness, wisdom, and judgment. Leadership is the linkage of the past to the future—from the legend to the legacy. It is this linkage that is crucial to the preservation and nurturing of our collective creativity and identity."<sup>6</sup> He challenged his audience to be leaders in the ever-changing arena of vascular surgery, that it was their legacy to do so. I believe his words of wisdom can be applied to all aspects of general surgery, and not limited to the field of vascular surgery.

As I began my surgical career in Racine, Wisconsin, I followed the usual path that most of us have taken. As a junior partner, I worked hard, took extra call, saw the extra patient, and sacrificed some personal and family time to be successful and accepted in the community. My situation was unique, however, in that the senior established surgeons were close to retirement, rapidly advancing my ascension up the department ladder. Within a few years, I was asked to be on the hospital surgical committee, assuming chairmanship in 1996. At the time, chairmanship was "it's your turn, you



take it.” It was also pro bono. This was an inconsistent approach, frequently doomed for failure and leading to apathy and indecision. I quickly realized that this was the wrong approach and convinced my surgical colleagues that having reliable and consistent leadership would help to stabilize the department with the rest of the medical staff as well as with the hospital administration. I clearly had little experience at the beginning, especially with the myriad personalities one can encounter in a surgical department, but drew upon the legacy and skills observed from my previously described past to handle and manage these individuals. Clearly, I made mistakes along the way but learned from them and used the experiences from these mistakes to improve.

In 1998, our institution hired a new CEO, Mr. Ken Buser, to lead our vertically integrated organization of a hospital and employed physicians. Mr. Buser’s success has been his ability to engage and include physicians in the management of the health care system. We have worked well together and have built a successful team of physicians and administrators. I will admit that we have had our share of difficulties over the years. However, our successes have outnumbered our struggles. A key to our success has been the development of shared leadership competencies. I and others were able to convince the administration that for us to reach the next level, an aggressive and active approach to developing leadership skills was essential to our success. We did not pursue formal training with the American College of Physician Executives (ending up with a degree or diploma on the wall), but utilized some of their off-site and on-site seminars as building blocks for leadership development. It is not the purpose of this address to lecture you on these competencies. However, I would encourage those of you who have an interest in leadership to not only draw upon your own personal “legacies” but also to seek some component of formal leadership training to deal with some of the trials and tribulations that you will encounter on a day to day basis.

Key to our success was the recognition that some component of compensation would be necessary. Convincing the administration for a leadership stipend was not as difficult as one would imagine. Ultimately, we were able to demonstrate that the benefits were intangible and outweighed the actual cost. At the beginning, the level of compensation was based upon an estimate of lost productivity. This has evolved more recently into an objective assessment based upon mutual goal achievement, time spent on leadership activities, attainment of quality measures, and various peer, staff, and patient satisfaction surveys. Recently, for example, I have spent countless hours in meetings with operating room and hospital administration to comply with the Surgical Care Improvement Project and the implementation of the Institute of Medicine’s patient safety goals. The most difficult part was convincing the surgeons on the *changes* that had to be made in our policies and processes to be in compliance.

Leadership has been at times trying and depressing. There is truth to the saying that “it is lonely at the top.” I

clearly have made and continue to make sacrifices on many fronts. My wife agonizes over another evening away due to a meeting. My children wonder why I was not present for a particular tennis match or baseball game. The conversation changes when I enter the surgeon’s lounge or the surgical locker room. I am looked upon by my peers as “one of them.” But over the years, these obstacles have become less and less, especially if you are consistent and genuine and are willing to accept criticism. I do not allow these negative aspects of leadership to slow me down or change who I am. First and foremost, I am a general surgeon who places the care of the patient as the number one priority over all. All other decisions in my professional life stem from that premise. Providing effective, consistent, and broad-based leadership helps me achieve that goal. A patient first attitude will always lead you down the correct path. There is a fine line between being a patient advocate and a physician advocate. I believe they can and should go hand in hand. No one will criticize your motives as a leader if you keep this premise front and center.

In any case, strong, consistent leadership is what each of us should aspire to, no matter what level it is at. Family, community and professional life require that we exhibit those leadership qualities. What level of leadership you aspire to is up to you. Reflecting upon one’s past sets the starting point of where you have been, where you are now and where you want to be. How you use your legacy will dictate what kind of leader you will be. Enhance the positive experiences, learn from the negative ones, and constantly look to improve. Each of us has a common legacy, stemming from Drs. Cushing and Halsted but altered and improved from one generation to the next. As you reflect on your own individual leadership style, I encourage you to use these common themes to be successful:

- Responsibility
- Integrity
- Honesty
- Humility
- Conviction
- Communication

These leadership traits are not new and likely have been the theme for many lectures, dissertations, and books, not only for leaders in medicine and surgery but also in all aspects of life. Again, my purpose was not to bore you with the details of these traits but to inspire you to use them to your advantage in whatever level of leadership you might encounter.

For those of you who know me, you might be surprised that I have not used a sports analogy in my address. I did not want to disappoint you. Vince Lombardi was not only a successful coach but also an inspirational speaker on leadership. It was his contention that “leaders are made, and contrary to the opinion of many, they are not born . . . They are made by hard effort, which is the price we must pay for success.”<sup>7</sup>

It has been my intention to describe to you the journey that I have taken to be a successful leader in my community hospital. I was not born to do this but clearly had good “genes” to start with. I have had outstanding role models to emulate and copy. I have used past experiences to help me make the best decisions and to learn from my mistakes. I hope that my successes (and failures) will create a legacy for those that follow me. I leave you with one final quote from Coach Lombardi: “If a man who is considered a leader is to stay a leader, he must be prepared to adhere to his principles if he is certain, in his own conscience, that he is doing right.”<sup>7</sup>

I thank you for the privilege of the floor. It has been an honor to serve as your president for the past year.

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