

Southwestern Surgical Congress: Presidential Address

Pyramids and Roundtables: a reflection on leadership



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Abstract By the nature of their career choice, surgeons are leaders at a variety of levels. The rise to leadership positions in surgery often requires scaling a steep pyramid. Many young surgeons are poorly prepared for what is frequently a competition with their peers. Some of the qualities young surgeons must possess to ascend the leadership pyramid are summarized by the “HOPES” of leadership: Honesty, recognition of Opportunity, having a Plan, knowing your Environment, and Self-assessment. © 2014 Elsevier Inc. All rights reserved.

I want to thank all of you, the members of the Southwestern Surgical Congress, for the privilege and honor of serving as your President for the past year. This has been the most memorable year of my 22-year career and I hope that I have represented the organization well. My relationship with the Southwestern extends back almost 20 years ... one of my first podium presentations, “Laparoscopic Gastrostomy and Jejunostomy Are Safe and Effective Methods for Obtaining Enteral Access,” was in 1996 right here in Scottsdale at the Camelback Resort.¹ I hold the well-being of the organization near to my heart as it is the organization that has played the most important role in my career. Interestingly, one of my proudest accomplishments has been my pursuit to get Hawaii annexed as a member state. In my letter to the Executive Committee, I identified Hawaii as “the southernmost and westernmost state on my map.” I also feel at least partly responsible for getting the great state of Wisconsin added as



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I encouraged Dr Kothari to join and be an active member. Needless to say, he has exceeded my lofty expectations and now Wisconsin is our second “floating” state.

I want to start by, first, thanking Nonie Lowry and her staff at LP-etc. I have held several responsibilities in the Southwestern, but none more challenging, enlightening ... and frightening ... than Secretary–Treasurer for 6 years. As many of the more senior members recall, we made a transition from another management firm to Nonie and her group and have never looked back. I lived through the transition and Nonie helped me keep the finances organized and allowed us to survive some low points financially ... honestly, she and her staff always make me look good ... this year has been no different. Thank you all so much!! As you all know, a lot of work goes into planning the annual program and I’d like to recognize Dr Shanu Kothari and the Program Committee for assembling a wonderful scientific program. Additionally, I owe a debt of gratitude to Drs Dean Mikami, Kristi Harold, and Peter Angelos for the outstanding postgraduate courses this morning. I want to thank Dr Don Nakayama, current President of the Southeastern Surgical Congress. I just hope we can match the hospitality you, Dr Rick Greene, and the rest of the organization showed us in Savannah.

I have had so many mentors and advisors over the years, but a few must be mentioned as they helped me find my way in an often circuitous career path.

Dr David Nahrwold was the Chairman of Surgery at Northwestern during the entire 7 years of my residency and gave me guidance, taught me surgery, but most importantly, taught me how to be a good and decent doctor. When I was completing my residency, I went in to meet with him to discuss my plans to take an HMO job in Seattle. He then proceeded to give me his plan for my career ... he thought I should stay in an academic surgery practice and connected me with his good friend ... none other than Dr Bing Rikkers ... he assured me that Bing would take care of me because they were good friends...and he was right. I still ask myself frequently when faced with difficult situations ... “What would Dr Nahrwold do?”

Dr Raymond Joehl was on the surgery faculty at Northwestern and became my research mentor. He is currently Chief of Surgery at the Phoenix, VA. I worked in Ray’s laboratory for 2 productive years and while I learned how to do research from him, the most important lesson I learned was that you could be a successful academic surgeon AND have a great family life ... the 2 do not have to be mutually exclusive.

When I went to join the faculty at the University of Nebraska under Bing Rikkers, the course of my career would change for the better in ways I would not have anticipated. I went to work for Bing with aspirations of being the next great pancreatic surgeon and to continue my research on acute pancreatitis. Bing is a visionary and had a different plan for me intentional or otherwise. He told me that he thought this laparoscopy “thing” was going to go somewhere and that I needed a niche so he encouraged me to think about taking this on ... that was in 1993 and he

could not have been more correct. In 20 years, I have never been recruited for my pancreatic surgical or research skills, but minimally invasive surgery became my academic and clinical “ticket.” Bing never took credit for this, but I will be forever indebted to him for his guidance.

Jon Thompson, Jim Edney, and Scott Peterson are the SWSC members most responsible for me standing before you today. Jon and Jim were my first real partners at the University of Nebraska. Jon Thompson has provided me with advice and support over 20 years, but most important, he kept me focused on what I needed to do to move my academic career forward. He is a man of few words, but there is usually an important lesson in whatever he says ... he is the consummate Academic Surgeon. Jim Edney encouraged me to get involved in the Southwestern Surgical Congress and has been my friend, colleague, and confidant for all matters pertaining to the SWSC. Both have been friends and valued colleagues for over 20 years. Thank you BOTH! I met Scott Peterson early in my years with the SWSC and he has become a friend and confidant whose approach to problem solving I have admired and tried to emulate. He asked me to be the Program Chair during his Presidential year and that really started my ascension to where I stand here in front of you today and for this I am grateful.

To our recent Past Presidents, Drs Moore, Nelson, McIntyre, and Antonenko ... and Dr William Sasser, a Past President and our Historian ... you have all been incredible mentors, role models, and advisors and, most importantly, friends through the years.

The title of my talk today is “Pyramids and roundtables” and I am sure you are wondering what this is all about. Initially, I thought about giving a lecture about something I have done in research, but there are so many here whose expertise would make my work seem trivial. I thought about talking about a clinical topic of interest, but everyone is doing minimally invasive surgery and I would not want to bore you. As I have assumed leadership roles in surgery, I have become increasingly interested in the projected shortage of surgeons, particularly in nonurban areas and the role of subspecialization in this predicted shortage as evidence by an article I recently coauthored titled, “The Sub-specialization of Surgery: a Paradigm Shift.”² However, our Immediate Past President, David Antonenko, provided a wonderful summary of these issues during his address last year.

So, I have decided to speak about something of great interest to me as a new Chair and Program Director ... LEADERSHIP ... the concept of “Pyramids and Roundtables.” The “Pyramids” concept is a summary of my ideas on how to become a leader in surgery and the “Roundtables” summarizes ideas about sustaining leadership. Jack Welch, the legendary former Chairman and CEO General Electric, said, “Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others”³ ... words that ring true for all of us aspiring to be leaders in surgery.

While I have always been interested in this topic of leadership, Dr Bing Rikkers’ Presidential address to the Central Surgical Association in 2004 titled, “Surgical

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