The SAGES Manual of Strategy and Leadership

Shaneeta M. Johnson
Alia P. Qureshi
Andrew T. Schlussel · David Renton
Daniel B. Jones *Editors*

Springer

The SAGES Manual of Strategy and Leadership

Shaneeta M. Johnson
Alia P. Qureshi
Andrew T. Schlussel
David Renton • Daniel B. Jones
Editors

The SAGES Manual of Strategy and Leadership

Springer

Editors
Shaneeta M. Johnson
Department of Surgery,
Morehouse School of Medicine
Satcher Health Leadership
Institute, Morehouse School of
Medicine
Atlanta, GA, USA

Andrew T. Schlussel
Department of Surgery
HCA Florida Jacksonville
Surgical Specialists
Jacksonville, FL, USA

Daniel B. Jones
Department of Surgery
Rutgers New Jersey Medical
School
Newark, NJ, USA

Alia P. Qureshi
Department of Surgery
Oregon Health Sciences
University
Portland, OR, USA

David Renton
Department of Surgery
OSU East Hospital, Ohio State
University
Columbus, OH, USA

ISBN 978-3-031-62358-5 ISBN 978-3-031-62359-2 (eBook)
https://doi.org/10.1007/978-3-031-62359-2

This Springer imprint is published by the registered company Springer Nature Switzerland AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Foreword 1

In the dynamic landscape of our modern surgical world, the art of strategy and the essence of leadership have never been more critical. It is the organizations and leaders who master strategic development and execution, inspire and galvanize their teams towards shared goals and visions, and who exhibit resilience and adaptability that stand the greatest chance of achieving enduring success and impact.

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) embodies a legacy of pioneering leadership and innovation in surgery. Since its inception in 1981, SAGES has been at the forefront of minimally invasive surgery, steered by visionary leadership who have championed educational excellence and groundbreaking innovation. These have included the creation of the Fundamentals of Laparoscopic Surgery and Fundamentals of Endoscopic Surgery Examinations, now integral components of the American Board of Surgery's certification process. In recent years, SAGES has expanded its offerings globally, developing a sustainable model for training and implementing laparoscopic skill training through the Global Laparoscopic Advancement Program (GLAP) in Low and Middle Income Countries (LMICs). GLAP was designed to be implemented as a partnership with local institutions or societies to ensure the GLAP curriculum fits in the local framework for laparoscopic skills training and that local sites can eventually administer GLAP courses themselves.

The tapestry of SAGES' leadership reflects a rich diversity, with four innovative female presidents—Jo Buskye (2010), Aurora Pryor (2019), Liane Feldman (2021), and Patricia Sylla (2023)—two black presidents—Kenneth Forde (1983) and Patri-

cia Sylla (2023), with Horacio Asbun as the first Hispanic president (2021), and the trailblazing Patricia Sylla as the first black female president (2023). This evolution mirrors the organization's commitment to embracing diverse perspectives and experiences.

This manual is intended to equip the practicing surgeon with the vital competencies of effective leadership and strategic acumen. Within these pages, preeminent surgeons share a comprehensive blueprint for acquiring and refining the essential skills to attain and improve the necessary strategy and leadership skills for success.

As an organizational leader, there is no greater source of satisfaction than to have the opportunity to promote and inspire the next generation of surgical leaders who will need to confront and respond to the rapid changes that may threaten access to equitable, affordable, and high-quality care for our patients. SAGES was born out of a group of innovators advocating for the right of surgeons to adopt and be trained in endoscopy at a time when surgeon endoscopists were actively discouraged from pursuing this field. It is my sincere hope that our current and budding leaders, who aspire to lead OR teams, specialty and multi-specialty groups, clinical research teams, quality or sustainability initiatives, operations or administrative teams, divisions, hospitals, or systems, will find this manual helpful in growing and refining leadership skills with particular attention to the mission of advocating for equitable, sustainable high quality care for our patients.

We dedicate this manual to Dr. Kenneth A. Forde (1933–2019), the visionary and iconic SAGES co-founder and second SAGES President, who devoted his career to developing surgical endoscopy and advocating for surgeons' right to perform and be trained in endoscopy in order to better serve our patients.

Sincerely,

Department of Surgery &
Satcher Health Leadership Institute
Morehouse School of Medicine,
Atlanta, GA, USA

Shaneeta M. Johnson

Division of Colorectal Surgery,
Icahn Mount Sinai School of Medicine
NY, USA

Patricia Sylla

Foreword 2

SAGES: In the Beginning

My odyssey and love affair with SAGES began in early 1980 when I received a letter from Dr. Gerald Marks, a noted colorectal surgeon in Philadelphia, inviting me to a meeting to discuss the future of flexible gastrointestinal endoscopy performed by surgeons. Jerry had actually begun to ruminate several years previously over the need for a gastrointestinal endoscopic society dedicated to the clinical work and education of surgeons. Some of the prime motivators for the creation of such an organization were prevailing issues affecting many surgeons wishing to perform GI endoscopy on their own patients. Surgeons did not find it easy to secure endoscopic privileges and to have access to hospital endoscopic suites controlled by gastroenterologists. Many community surgeons wanting to include flexible endoscopy in their practices also experienced, as did I, the threat of having referrals curtailed by their colleagues in gastroenterology. The numbers of endoscopic cases required in the privileging of surgical endoscopists were out of line compared with those required of gastroenterologists. Additionally, there was an absence of both will and interest in any surgical organization to create pathways for clinical involvement and to advocate for surgical endoscopists. Thus, the need for such and organization was ripe.

Jerry's letter invited a small group of surgeons to meet in the Peachtree Plaza Hotel in Atlanta to discuss and formally propose an organization that would support the needs of surgical endoscopists and to both advocate for and educate surgeons wish-

ing to participate. Beginning with this early meeting, the group embraced the concept that guidelines for the safe and effective use of gastrointestinal endoscopy should be a primary undertaking. While there would yet be several years before an annual educational conference was launched, we, as founders of SAGES, believed that education and research would serve as our North-Star. In addition, although the acronym SAGES included the term "American", we felt that the need to serve as an international organization, open to surgeons throughout the world would be of great benefit to all surgeons.

Throughout the 1980s and 1990s, SAGES grew in complexity through the leadership of creative Boards of Directors and an incredibly talented administrative team led by the exceptionally gifted Barbara Saltzman Berci. Her devotion in these early years served as the glue and stabilizing factor that guaranteed our organization's success. Also, during the late 1980s, the leadership recognized the value of having a peer-reviewed journal dedicated to endoscopic education and dissemination of new knowledge. At the First World Congress on Surgical Endoscopy held in Berlin in 1988, the Springer-generated publication, *Surgical Endoscopy*, was launched and included the scientific papers from that first world congress. The creation of the Journal also consummated the goal of having SAGES as the leadership surgical organization supporting surgical endoscopy.

For me, working with superb and talented leaders in those early days of SAGES was my greatest privilege. Appropriately, Jerry Marks served as the first president and, through his vision and tenacity, effectively navigated SAGES through its first 2 years (1981–1983). It was natural that Dr. Kenneth Forde would take over the mantle in 1983–1984. Ken's stentorian presence alone guaranteed that SAGES would be on a trajectory of greatness. Ken was also emblematic of a tradition followed by many SAGES past-presidents: the term of one's presidency was only a prelude to many years of serving in other capacities and contributing to our organization. During the remainder of the 1980s, I was fortunate to garner leadership skills from a superb array of SAGES presidents: Tom Dent (1984–1985), Jim Lind (1985–1986), John Coller (1986–1987), Ted Schrock (1987–1988), Joe Bowden

(1988–1989), Lee Smith (1989–1990), and Jeff Ponsky (1990–1992).

It was one of the highlights of my surgical career to follow this outstanding cast of surgical leaders as SAGES president in 1992–1993. This was indeed an inflexion point for the organization. Just a couple of years previously, laparoscopic cholecystectomy had burst onto the scene creating shockwaves both in the United States and internationally. Thankfully, our SAGES leadership understood the need to embrace this non-flexible technology and to create a meaningful home for all surgeons who would gravitate to minimal access surgical techniques. This period in the growth of SAGES certainly was not all a "bed of roses"! Journal articles, as well as broadcast and print media, decried the abbreviated learning paradigms of these new surgical approaches and resultant heightened morbidity and mortality that ensued following the launch of laparoscopic approaches to the biliary system. As SAGES president during these chaotic times, I benefitted and matured greatly by serving as the spokesperson for our organization when interviews from various media sources were requested. It was also a period of exponential growth in our organization, not only in membership, but in the complexity regarding our educational efforts and relationships with other surgical organizations. Those early 1990s paved the way for many of the creative concepts spawned by SAGES leadership over the ensuing three decades.

One of the most valuable gifts offered by any organization is the opportunity to contribute and to grow into a leadership position. This is the message that must be shared with all young surgeons embarking on either a community practice or academic career. There is no doubt that for me, leadership roles in SAGES contributed directly into opportunities that have led to a career as a division chief, residency director, departmental chair and opportunities to lead other surgical organizations. These valuable opportunities must not be taken lightly. Every circumstance in my career hearkens back to the opportunities that were afforded to me through SAGES membership. Although not all have the good fortune of growing with an organization from its beginning, everyone can have the opportunity to volunteer, to learn from colleagues

and to ascend to leadership positions. It is a further SAGES-related privilege to contribute to this monograph that highlights the benefits of learning leadership skills in a variety of organizational and healthcare settings. Leadership is a skill that is honed with practice and devotion. The contributors to this monograph have offered a variety of guidelines emanating from their own leadership experiences.

From those few surgeons who met in Atlanta in 1980 to the current 7000-plus members throughout the world, it was my greatest privilege to be "in the room" where SAGES was created. Watching the growth and increasing complexity of our organization and having the opportunity to contribute and lead have been the joys of my surgical career. The last four decades are surely only a preview of the amazing leadership opportunities yet to evolve from SAGES.

Carolinas Medical Center, Charlotte, NC, USA

Frederick L. Greene

Cancer Data Services, Levine Cancer Institute, Charlotte, NC, USA

Foreword 3

Leadership Tips for Surgeons

Most societies are a meritocracy, whereby people are selected for leadership based on their ability. In the *SAGES Manual of Strategy and Leadership*, the authors address unconscious bias and other factors that may play a role in who does and does not become the leader of the organization.

My advice to MIS Fellows aspiring to leadership include the following:

1. Be yourself. Every surgeon is a leader in and out of the OR. Every day, you set a vision, you communicate, and you execute a plan as part of a team.
2. Join a committee. Sometimes the committees are open, and you just show up. Other times, you need to be selected. If you are interested, let folks know. Remember, there are more people wanting to serve on committees than there are open spots; someone needs to be kicked off the committee for every person added to a committee.
3. Once on a committee, engage, speak up, and volunteer. If you get the opportunity to lead an initiative or project, embrace the opportunity. But never ever say you will do something and fail to deliver or deliver late. Under promise and over deliver. Attendance is taken; the easiest way to be tossed off a committee is by not showing up repeatedly.

4. When asked who would you like to run to be a Vice Chair of a Committee, raise your hand. Good Vice Chairs get selected to be Chairs of Committees.
5. Chairs are evaluated not on what they do but on what their committee does as a team.
6. Chairs are asked to identify leaders who could be a Vice Chair, next Chair, or Board member.
7. After two terms as Committee Chair, you may be selected to join the Board. Attendance and prompt email votes are expected. Being tardy and late to vote are sure ways to be bounced from leadership. No one has the bandwidth to send you multiple emails for your input.
8. Leadership is expected to donate something to the Foundation. How much you give is totally up to you.
9. Leadership is expected to do journal reviews. If asked, do them well and promptly.
10. Being the Program Chair for the Annual meeting is a good way to get noticed. If interested, speak to the President-elect and share your interest. The President-elect is more likely to ask someone who wants the job than to ask someone who may not have the bandwidth. It is a big commitment to the organization. With two to three cochairs, it is not a sure thing the program chair will become President one day. But everyone recognizes the tremendous work that goes into making the annual meeting a success. You also gain the loyalty of the President, who likely will have some say in the future.
11. Becoming President is less predictable. Often, to be considered, the successful candidate has contributed in measurable ways. Leading successful teams (committees and task forces) is paramount [1].
12. Many considered for senior leadership positions already hold leadership positions at their home institutions. Most surgeons have earned an MBA, MPH, or Master's in Healthcare Leadership and Management.
13. A little luck helps [2].
14. Have fun.

References

1. Jones DB. On championship TEAMS. Association for Surgical Education (ASE) 34th presidential address, April 25, 2015. Am J Surg. 2016;211(2):309–14.
2. Jones DB. It's better to be lucky. Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) presidential address, April 13, 2018. Surg Endosc. 2018;32:3001–3008.

SAGES, Los Angeles, CA, USA

Daniel B. Jones

Preface

The SAGES Manual of Strategy and Leadership is a comprehensive text providing strategy and leadership principles for all levels of practice and mastery. Leading surgeons across the United States and globally have contributed their expertise to provide a roadmap for surgical leadership skill acquisition and career development. The SAGES Diversity, Leadership, and Professional Development (DLPD) Committee laid the groundwork for this manual and principally contributed to its fruition.

This book will equip the new and practicing surgeon with the skills and expertise to lead practices and organizations. It will serve as a roadmap to engage the surgeon in leadership development skills and knowledge acquisition to progress further within healthcare leadership. It is intended for practicing surgeons who are interested in healthcare leadership. In this manual, the authors address a gap in the development of surgeons into surgical leaders. It will prepare the surgeon to comprehensively master surgical leadership, including developing a practice, developing a national reputation, leading a healthcare organization, and fostering a culture of change within an organization or institution.

In the realm of leadership for healthcare practices and organizations, a scarcity of accessible references or books exists. Very few references or books on this topic provide the practicing surgeon with a roadmap for acquiring skills and expertise for leadership of practices and organizations. This manual aims to bridge this gap by presenting a comprehensive roadmap for practicing surgeons. It commences with chapters dedicated to self-leadership, exploring topics such as determining the type of practice, career

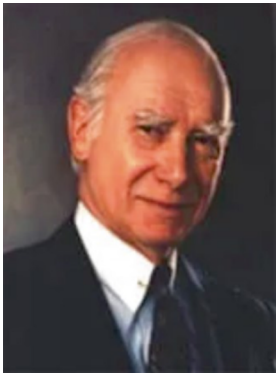
advancements across systems, and defining the scope of practice. Subsequently, the manual delves into mastering the art of leading others. It encompasses managing the work environment, policy and administration, and fostering engagement and consensus building. The concluding chapters focus on leading systems. These chapters discuss the creation of efficient systems and organizational structures, along with aspects crucial to delivering quality healthcare.

I extend my heartfelt gratitude to the esteemed surgeon leaders and diligent DLPD committee members for their contributions.

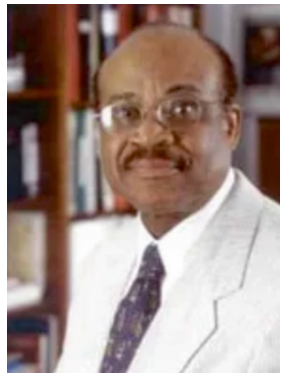
This work is affectionately dedicated to my family, who have nurtured my passion for education, leadership, and purpose from my earliest days. To my nieces and nephews—Kaylee, Anna, and Liam—and to my parents, Cynthia and Lionel, your unwavering support has been my guiding light. Additionally, this book honors the surgical residents I have had the privilege to mentor and all those who aspire to leave a lasting mark on the world of surgery and healthcare.

Atlanta, GA, USA Shaneeta M. Johnson

SAGES Past Residents



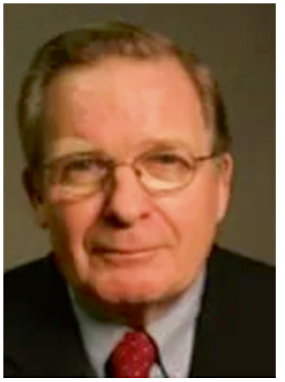
Gerald Marks, MD
1981–1982



Kenneth A. Forde, MD
1983

Thomas L. Dent, MD
1984–1985

James F. Lind, MD
1985



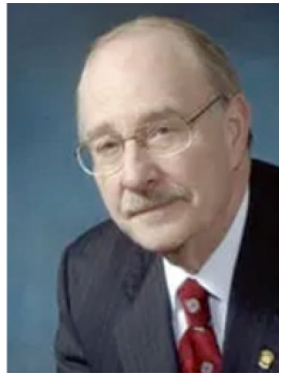
John A. Coller, MD
1986

***Theodore R. Schrock, MD**
1987

Joe A. Bowden, MD
1988

Lee E. Smith, MD
1989

Jeffrey L. Ponsky, MD
1990–1991



Frederick L. Greene, MD
1992–1993

George Berci, MD
1993–1994

Bruce V. MacFadyen Jr, MD
1994–1995

Richard M. Satava, MD
1995–1996

Greg V. Stiegmann, MD
1996–1997

Desmond H. Birkett, MD
1997–1998

John Hunter, MD
1998–1999

Jeffrey H. Peters, MD
1999–2000

Nathaniel J. Soper, MD
2000–2001

L. William Traverso, MD
2001–2002

Bruce D. Schirmer, MD
2002–2003

Lee L. Swanstrom, MD
2003–2004

David W. Rattner, MD
2004–2005

Daniel J. Deziel, MD
2005–2006

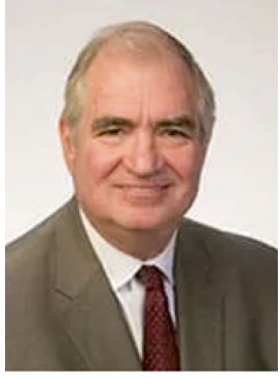
Steven D. Wexner, MD
2006–2007

Steve Eubanks, MD
2007–2008

Mark A. Talamini, MD
2008–2009

C. Daniel Smith, MD
2009–2010

Jo Buyske, MD
2010–2011



Steve Schwaitzberg, MD
2011–2012