



American Society of
Anesthesiologists™

Central Line
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VOICE OVER:

Welcome to ASA's Central Line, the official podcast series of the American Society of Anesthesiologists, edited by Dr. Adam Striker.

DR. ADAM STRIKER (HOST):

Welcome to Central Line. I'm Dr. Adam Striker, host and editor. Today, I'm welcoming two guests to the show. Dr. Crystal Wright is Associate Professor in the Department of Anesthesiology and Perioperative Medicine at MD Anderson Cancer Center and Director Center of Professionalism, Support and Success. And Dr. Laura Berenstein, recent professor of clinical anesthesiology at Cincinnati Children's Hospital Medical Center, is an anesthesiologist and a certified professional leadership coach. Our guests have both been involved in the creation and launch of ASA's new Leadership Academy, which I'm looking forward to learning more about. Welcome to the show.

DR. LAURA BERENSTAIN:

Thank you.

DR. CRYSTAL WRIGHT:

Thank you for having us.

DR. STRIKER:

Yeah, absolutely. Let's first tell our listeners about the two of you. We're here to talk about leadership and the new ASA Leadership Academy specifically, but if you don't mind, I'd like to start with your stories. How did you both find yourself in leadership positions? And let's start with you, Dr. Berenstein.

DR. BERENSTAIN:

I'm a pediatric cardiac anesthesiologist. And I had held a variety of leadership positions throughout my career. But when I hit about year twenty-six, I started to think about things a little bit differently, and I started to think about leadership, not just in terms of a single department or division, but really what it meant for us as a specialty. And I was fortunate enough at that point that the Society for Pediatric Anesthesia was just starting the Women's Empowerment Leadership Initiative, and I was part of that. And so it was a really great time to just think about what it might mean to pivot my career and start to work more intentionally on professional development and leadership and how to develop potential for people.

DR. STRIKER:

If I may follow up after year 26, when you thought back, did you feel like, you know, I had realized that earlier? Or is it something that really just did materialize at that point in your career?

DR. BERENSTAIN:

These sort of things you think about gradually, it's not like one day you wake up and the light bulb went off. But one of my colleagues phrased it well, which is you get to a point where you stop thinking quite so much about mastery and you think about impact. And so I think what I came to realize was that as a cardiac anesthesiologist, when I'm in the operating room, I am the leader of a lot of things going on, right? But that's my silo. And outside that silo, if I'm in there 12 to 14 hours a day, that means I can't be influencing other things. And so I think the shift in my thinking came to be, if I want to have influence beyond this operating room, what would that look like and how would I get to that place?

DR. STRIKER:

And Dr. Wright? How about you?

DR. WRIGHT:

Thank you. I love how she talks about the concept of having impact outside of the operating room for me. My story started almost 15 years ago when I started practicing at Baylor College of Medicine and Cardiothoracic Anesthesiology. So I was there for 10 years, and after that I left to go to MD Anderson, where I have been now for the past five years. And at the time, when I was at Baylor, I was director in the undergraduate medical education department, and that sort of started my passion in the professional

development of medical students and working with medical students and along their professional development journey.

And for me, speaking to the power of mentorship, I had a mentor who was pretty intentional in advising me to ensure that I develop a path for myself that I could be passionate about when looking at what I wanted to do outside of the operating room, outside of the clinical arena. And that was when I developed my passion for patient safety, professional development, and mentorship, and continued that throughout when I went to MD Anderson.

I was encouraged to engage in leadership at both the state level and during my residency program became involved in an organized medicine. So for me, mentorship guidance was the key to my success and being willing to be mentored by leaders at various points of my life.

DR. STRIKER:

And Dr. Wright, let me ask you, you know, I feel like a lot of times in residency or just when we're out of training, the professionalism is such a large term it can mean a lot of different things. But let's just say the idea of getting involved outside of the clinical realm, was that something that you felt could have been emphasized more? Or is that something you felt really had to be discovered the more you were in practice?

DR. WRIGHT:

For me, it was emphasized because I had an interest in it, but I do believe that we can do more when looking at trainees today, and looking at their future career paths. We can emphasize a little bit more about their professional and leadership development in medicine.

DR. STRIKER:

I'm assuming that your interest, for both of you, in leadership led to your involvement in the ASA Leadership Academy. It's a new initiative, and I'm sure many of our listeners probably are not familiar with it. So if you don't mind giving us a little bit of the overview of the program and tell us a little bit more about it, Dr. Berenstein, do you mind doing that?

DR. BERENSTAIN:

I think it's really exciting because one of the things that this Leadership Academy will do is help anesthesiologists, and actually non anesthesiologists, at every career level. Even before you have a leadership position to explore what that might be like and what you need to do in order to be ready for it. It's a very proactive thing that we're proposing here. It's going to look at people at every career stage and offer them something.

DR. STRIKER:

Is it just for anybody that's interested in leadership? Are there other facets to it? How does one go about participating? Is it just the idea that I might want to be a leader or might there be other aspects to it that people might find useful?

DR. BERENSTAIN:

There's actually a lot to it. So it's designed in four different modules. And one of the really important things is that these modules are also applicable to researchers and to non-anesthesiologists. So they're open to ASA members, but they are also open to non-members as well.

So the initial purpose of the first module is to help introduce people to what it would be like to be a participant in the ASA structure. It introduces you to governance, to the committees, and gives you the opportunity to hear a little bit about the leadership pathway. And then, as the modules advance, they go through developing a personal leadership path onto more intense personal leadership skills in Module three and then strategic developments with a small cohort in Module four.

DR. STRIKER:

Let's talk a little bit about leadership. We hear the word, you know, a lot of us associated with titles or rank, et cetera. I'm assuming you both would agree that that association is probably too narrow. And if so, what do both of you feel the term should be associated with or should encompass and, Dr. Wright, why don't you start?

DR. WRIGHT:

Thank you. I think that we all have the opportunity to further develop our leadership skills, regardless of what title or rank or where you may find yourself in the organizational hierarchy of your practice or your hospital. At a fundamental level, for leaders, it's important that as we engage in enhancing the human experience around us, we can understand the variability in the goals of the people that are around us to lead.

As practicing physicians, we are seen as leaders and it's important in developing those skills and those professional qualities that are important in enhancing the relationships of the people that we encounter every day. So when we look at the aspects of what professionalism is there on, the journey of professionalism is training for leadership. And we all have that opportunity to develop those skills that we need as leaders when we're looking to lead our clinical teams, when we're looking to engage in organized medicine through different opportunities, it's important to understand those micro and macro nuances of what we talk about when we talk about leadership. And because of that, education around leadership is so important. And education around yourself as a leader is equally important so that you can understand your own strengths and what are some opportunities and learning about yourself on your leadership journey.

DR. STRIKER:

Dr. Bernstein, how about you?

DR. BERENSTAIN:

Crystal, I think that was a beautiful answer. I look at every anesthesiologist as a leader. I think at the moment we step into any anesthetizing location, we are leaders and often we don't realize the number of people who are watching us. We're consumed with taking care of our patient. We don't realize the number of people who see us as that leader. And so I think it's really important to realize that during our training, we learn to be excellent anesthesiologists, but we get very little formal training in communication skills, conflict management, negotiation, the kind of things that we actually do every day as part of our job. So coupled with emotional intelligence, those things really can make the difference in helping us shine as leaders, whether we have a title that goes with that or not. And I think one of the great things that the Leadership Academy will do is offer that opportunity to people to come and refine those skills.

DR. STRIKER:

It's funny. I came prepared to ask both of you an additional question, which is do you feel that leadership can be taught or is it something that people are just naturally adept at? And the answer you both gave has already answered my question, I think, which is that everybody needs these tools because of the role we play in patient care and as anesthesiologists. Am I summarizing that fairly?

DR. WRIGHT:

Oh, absolutely. I think that more than not being taught, leadership is taught. We all bring qualities of wanting to provide a service and in providing that service, we are leaders, when we are actively engaged in something that we are passionate about. But learning how to be effective in that is what makes the difference between a good leader and a great leader. That is a continuous process in self-identifying as a leader, in learning where our strengths are and then learning where our opportunities are. And those change. Those change for every situation that a leader is put into. And so I absolutely do believe that there is a lot of opportunity for learning when it comes to leadership.

DR. STRIKER:

Well, let's talk a little bit more specifically about the ASA Leadership Academy. Dr. Berenstein touched on the modules and what will the engagement look like, skills, specifically? Dr. Wright, do you mind elaborating on the specifics of the program?

DR. WRIGHT:

Some of the specifics of what the modules will focus on will focus on those important skills, such as self-awareness, emotional intelligence, and being aware of your strengths and weaknesses where you are. And those are all critical for leadership development. And these skills are taught just as much as we are taught as anesthesiologists on how to do an intubation. Many people come out and don't necessarily have a roadmap, and these courses and these modules will provide anesthesiologists with a roadmap that can be tailored to themselves as they look to further develop their leadership qualities.

DR. STRIKER:

Dr. Berenstein, do you mind telling us a little bit about the goals? Specifically, what does the ASA hope to achieve with this Academy? For instance, are pathways through governance encouraged or committees or whatnot?

DR. BERENSTAIN:

I think in simple terms, what we're looking to do is give people the opportunity to develop their potential because I think so many of us, especially at the beginning of our career, we actually have trained so hard to become anesthesiologists that we're not really sure what our potential is in all these other areas. So I think the first thing that this is going to do is allow people from a variety of institutions and practices to engage together and to find out how to get involved in ASA, to find things that resonate with them, to find things they're passionate about. And then as they engage more deeply

with the modules, they can go on the journey of self-discovery and look at their own path to leadership and see what that might look like for them.

DR. STRIKER:

Great. I have some more questions for you, so stay with me. We'll be back after a short patient safety tip.

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DR. ARRIAGA:

Hi, this is Dr. Alex Arriaga with the ASA Patient Safety Editorial Board.

Perioperative critical event debriefings are important for patient safety *and* the provider experience. Yet, research suggests only a fraction of perioperative critical events are followed by any form of debriefing.

The time shortly after a critical event presents a valuable opportunity to reflect, provide feedback, identify systems gaps, and look out for each other's well-being. At a local policy level, there are crisis checklists, emergency manuals, and other tools that can be a starting point to discuss events where debriefing may be most supported. Medical simulation can be a way to generate rare events and facilitate debriefing training in a safe space. Leadership support for a short debriefing after the most serious events can improve buy-in.

Establishing this ritual may benefit the individual, team, and overall health system.

VOICE OVER:

For more information on Patient Safety, visit asahq.org/patientsafety22

DR. STRIKER:

Welcome back, Dr. Wright, Dr. Berenstain had just outlined the goals of the ASA Leadership Academy. Do you mind telling us why now specifically. Did the society identify specific need and then audience ... We've already touched on that. Have we covered it? ASA members, non-members? Is there anything else we need to cover in that regard?

DR. WRIGHT:

I think that the ASA has recognized that physicians desire to engage in opportunities outside of patient care. And through that engagement outside of direct patient care, physicians are still fulfilling their desire to advocate for their patients, but just in a different format. And so this is providing our members with the professional development and the professional fulfillment that they're looking to gain as they continue on in the professional development of their careers.

With leadership across the ASA, it's important for our membership to have those qualities of a leader as they engage in committee work, as they engage in House of Delegates work, as they engage in the advocacy at the state component level. Those are all opportunities where our members will find themselves engaging in leadership that are through the ASA. But when we look at, also, outside of the ASA, their organizational benefits with hospitals. Hospitals are recognizing that having leaders and administrators that are physicians are beneficial to hospital organizations. As we look at health care, it's extraordinarily complex now, and it's this balancing act of caring for patients, cost effectiveness, and advocating for patient safety. And physicians were once thought to not be able to lead because of our training as healers and not necessarily leaders. But this is changing. As the emphasis on patient centered care and efficiency and delivery of clinical outcomes becomes important, that means that physicians are now being prepared for leadership. And I think that this opportunity through the ASA can help physicians and other of our members to develop those qualities and skills that they can learn as a leader.

DR. STRIKER:

I'd like to find out from both of you about your participation in the ASA, how your pathway in the society has gone, and how you might be able to relate that to others. Dr. Berenstein, do you mind starting us off?

DR. BERENSTAIN:

Yes. So I'm a great example of somebody who for many years was an ASA member and so involved in my clinical practice that I didn't emerge from out of that. And then when I did, I got involved in everything. And so I'm very fortunate in that I'm involved in the Committee for Professional Development. I think as a result of my interest in WELI and the Women's Leadership Initiative through SPA that led me to a place on the Committee for Women in Anesthesiology. I'm involved with Dr. Clark's ad hoc mentoring committee this year, and then also the Committee on Physician Wellbeing. So I think that I am I am a really good example of a person who every single one of my major

interests, there's an ASA committee that I feel passionate about that I'm able to be involved in.

DR. STRIKER:

And Dr. Wright, how about you?

DR. WRIGHT:

As I mentioned earlier, I became involved as a resident, which highlights the importance of early engagement in organized medicine. I think that it's so critical that we encourage our residents to become involved in their state component societies and become involved at the ASA level. And any level of involvement as a resident is important because that is where I think we have the biggest opportunity to encourage our membership. For me, that was truly the highlight of me becoming involved within both the Texas Society of Anesthesiologists and within the ASA, and I've stayed actively engaged throughout my career, now serving as TSA president and chair of the Committee on Professional Diversity for the ASA and also an ASA member of the board of Directors

DR. STRIKER:

The society is certainly large enough and certainly has a lot of avenues for anybody, regardless of where they are in their career. And I would agree, I think we don't do enough with our trainees to actively encourage this. Some do it really well in other places. Maybe not so much, but it's never too late once you guys agree"

DR. BERENSTAIN:

I would totally agree.

DR. STRIKER:

Dr. Berenstain, can you tell our listeners how might they get involved if they're listening to this? They just don't know where to start. They're like, Hey, I'd love to take advantage of this program. Where would you direct them to go and how would you direct them to get started?

DR. BERENSTAIN:

The first thing I would do is say, go to the ASA website and you can learn more about the program we've been talking about tonight. But you also can see a list of all the ASA committees, and so that's a wonderful way to look at what might resonate with you.

And it's also really good to know that some of the bigger committees, such as physician well-being, actually have working groups, and so you don't have to even be a full committee member to be part of the working group. So if you're looking for a way to get involved, feel your way into what it might be like to engage and become a committee member. That's a wonderful way to be able to get involved in the real work of what's going on and then the next year apply to be on the committee.

DR. STRIKER:

It's a great point. I think committees are very hard to get on and I think a lot of people get discouraged with the application process and the selection process. There's just a limited number of spots, but that by no means means that you cannot participate. And so I'm glad you brought that up because there are plenty of ways to get involved that actually do set yourself up for future official involvement. And so there's no shortage of ways to get involved in any of these areas that you might have interested. I'm glad you stated that.

Before we wrap this up, let me ask you for both of you, if you had to distill. What you've learned about leadership into a single bit of advice, what would that advice be? We probably started this off right on this page, even if we cover some of the ground again, I think it's probably important enough. If both of you don't mind giving us your parting piece of advice, that'd be great. So let's start with Dr. Berenstein.

DR. BERENSTAIN:

I'm going to sneak two pieces of advice in there.

The first is to think from the very beginning, from the time you're even first engaged with anesthesia as a resident, what do you want your leadership identity to be? Who are you and how can you reflect that? Because that leadership identity will continue to build and grow throughout your career. You'll add pieces to it, and I think thinking about that in a very intentional way is important. And so as you do that, look for the mentors, look for the sponsors, get a coach, but have a whole table full of people who are there able to support you and help you achieve the things that you are able to achieve because our potential is immense.

DR. STRIKER:

Dr. Wright?

DR. WRIGHT:

I would add to what Dr. Berenstein so eloquently stated is that leadership is about service. And I'm reminded of my mother's advice that if you provide a service, the success you're looking for will follow. And I believe that is what leadership is about. It's about the service that we provide to a person, a group of people, or an organization as we look to develop and innovate. And that process begins in learning about ourselves and how we engage with those that we lead.

DR. STRIKER:

This is great information, so timely and important. Anybody who has listened to this podcast since we started it knows that leadership has always been a constant theme with a lot of our discussions and something I certainly feel needs to be emphasized and fostered and encourage. So I really appreciate you both joining us today and sharing this information, both about leadership and about the society's plans to foster more leaders.

DR. BERENSTAIN:

Thank you so much for having us.

DR. WRIGHT:

Thank you for the opportunity to speak this evening.

DR. STRIKER:

Of course. Thanks again and thanks to our listeners for joining us as well. Please follow us. Give us a review. Most importantly, join us for the next episode of Central Line. Take care.

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