



American Society of  
**Anesthesiologists**™

Central Line  
Episode Number 13  
Episode Title – Health Care leadership  
Recorded March 2020

(SOUNDBITE OF MUSIC)

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:

Hi, I'm Adam Striker, the editor and host of Central Line. Welcome to the show. Today, we're going to dig into the topic of leadership and the business of anesthesiology with our guest, Dr. Kraig DE LANZAC, Assistant Professor of Anesthesiology at Tulane, as well as Clinical Director at Lakeside Hospital. Kraig, welcome to the show.

DR. KRAIG DE LANZAC:

Adam, thank you very much for having me.

DR. ADAM STRIKER:

You and I have, um, worked together for a little while now, so, um, we're a little familiar with each other's practices and our, uh, involvement with the ASA, and why don't we start off by talking about your current position as Vice-Chair of your Anesthesiology Department? You spend time in private practice, um, you've served as a leader at ASA in Tulane. Why don't you, um, start off talking about some of the challenges you've had in your leadership positions and we'll just start the discussion there.

DR. KRAIG DE LANZAC:

Sure. I mean right now, I'm, I practice at Tulane. In my role here, I'm an Assistant Professor and the Clinical Director at Lakeside. I was a Vice-Chair in my practice at LSU, back in the past, and, and that you're referencing. But right now, my, my big goals, the things that I'm tackling now and my challenges in my current practice, are working with the residents. I came to Tulane to work with the residents. Uh, you know, I look

back on my career, and I certainly did not set out and say I want to be a leader. I want to, I want to have these titles, I want to do these things. I just kind of a set out to accomplish tasks and take on problems and instead of stumbling over the same problems in repetitive era, I wanted to fix things, make it easier for myself the next day, make it easier for my colleagues the next day. So that's been my drive through my practice and I certainly have three different phases of my practice. I would say, my LSU, my private practice and now my Tulane, so the three, and have been some, some common threads through those.

Um, when I first finished my residency, just a couple of months in, we had a bad outcome, and we had a major crisis in our department, and I was tapped for leadership and put myself, or found myself, in a position where I was leading faculty that had just trained me. And it was sort of, uh this, this sink or swim and I learned in that sort of awkward responsibility, to build consensus to, to help and persuade others to get the group to work together and it was my early focus on, on leading by, by building the equality, but also knowing that eventually someone's going to have to make this tough decisions. So, I think that's been a big part of my transition is consensus-building but realizing that eventually, someone's going to have to make the, uh, tough decisions that, uh, we do in our practices, in our clinical practice day to day, and also in the leadership roles we take on.

DR. ADAM STRIKER:

You know, I would agree. I definitely think one thing you realize as a leader, is, uh, that decisions that seem simple enough, take on a level of complexity that weren't otherwise there, uh, and, and that's the tough part because often times there's no easy answers.

You mentioned residents. I think it's such a key part of what we do in the Society as a profession, is mentoring out residents, and our students, and our learners and currently, we're recording this late March of 2020 and we're right in the midst of the entire COVID pandemic, and everybody is dealing with a lot of challenges. And one thing that I know that has come up, where I am and I am sure where you are, is, is how to involve the residents. How much do they get exposed to all of this, and how, how much do we keep them at bay? And I am just curious how you guys are handling all that?

DR. KRAIG DE LANZAC:

Yeah, it, this, this, this is definitely an unprecedented time, uh, not just in our lives, but in the lives of everyone in this world right now. You know, it reminds me of the old saying that, it, uh, adversity doesn't build character it reveals it. And one of the things that I'm

taking great pride in now, is all the things that we're doing as American Society of Anesthesiologists, uh, the things that our staff, our executives, and our physician leadership were doing.

And, and I really want to look back at this time and be proud of the things we've done. So as I go through my days and these decisions, I want to maintain calm and work towards leading people, so that someday, when we'll come through this, and, and we will come through this, my hope is by the time this, this airs, we've made it through, we're doing well, that we can look back with pride and, and I think I, I, just before the recording of this podcast, I started projects my residents, and we're trying to repurpose anesthesia machines for ventilators in the ICU. And we've got some difficulty trying to get to some of the ambulatory surgery centers to get that count. How many machines do we have in the state? And I thought that's a great way to get our residents to just sit down, be a phone bank. They're looking for things to do, their elective surgical schedule is down. And have them, the opportunity of giving something back and realizing that they're, they're serving a common good. We're working with the Louisiana Department of Health and the Governor's office on this project, and it was amazing to me how many of our residents volunteered with just one email in the past hour, just before this podcast and we'll be doing this Friday and hopefully be completed by Monday. So getting them to see that they can look, see problems developing, and do something about it. And, and I think that's the whole point of volunteerism, is you, you going to make sure that if you are going to ask for volunteers for something that they have a job to do. And this fell into my lap as a great opportunity for our residents to get involved, to volunteer, to give back and do something that, really, I hope they're proud of when they look back on this episode that we're going through in life.

DR. ADAM STRIKER:

Have you found that the residents have all stepped up, or is it a mix like it any grouping where some seem to be eager to get in and help and others you sort of have to prompt a little more?

DR. KRAIG DE LANZAC:

I, I have to say, in my group of residents, my, my small group of residents, we have at Tulane, we've had incredible participation. You know concern, they had concerns, of, of our state meeting that was to take place and was being cancelled. How can they help? What can they do to reschedule that? Uh, we've had concerns in the department with schedule. We've had a situation where we needed some extra help in the hospital because we've had to close an emergency room at Lakeside Hospital where I practice,

and our residents are helping to step up to cover some of those things with faculty supervision, support, and they've been fantastic with that. Last night, we repurposed a room for a potential need for a isolation OR for patients that are COVID-positive who are pregnant. So, tasks like that, I find them jumping into, and I think that gives them some normalcy right now. I think that gives them a feeling of calm that they're doing something. I think it's important for them to have that and I think it's important for building in the future. And that, I, I couldn't be more proud of our residents at Tulane right now.

DR. ADAM STRIKER:

Fantastic. Those are the kinds of stories I personally think need to be told, and I'm hopeful that will be told over the coming weeks. Our specialty has always been one that is unsung and has been behind the scenes and that's, for the most part, the way we like it. We're not looking for accolades. We are there to take care of patients and, and to provide service for not only the patients but the other physicians in our institutions. But I think in this moment all healthcare workers are being asked to do extraordinary things under extraordinary circumstances. And I really truly believe anesthesiology is a specialty that needs to be highlighted. We are on the front lines, but as you just pointed out, there are a number of mechanisms that we are engaging that showcase the ingenuity, our expertise and the, and the value we bring to so many institutions and communities and I'm hopeful that these stories get propagated and told more in the coming weeks, uh, just to demonstrate, along with other stories from other specialties, what they're doing, how valuable this specialty can be, and what great people and, uh, individuals we have working within it.

DR. KRAIG DE LANZAC:

And Adam, that is such a great point because I, I talk all the time about the maybe unrecognized skill we have as problem solvers. We work through, you and I, all of our physician anesthesiologist colleagues, work through conflict, small and large, throughout the day. We are trying to balance the needs of our fellow providers, the needs of our patients, the needs of our colleague surgeons, and we are small conflicts going throughout the day that we work through, and we're extremely good at that. And I think that's what puts us in a position where we can have some of these leadership positions because we've developed these skills. It's part of what we do. One of the things that I think we need to do better, is speak out for ourselves. Come out from behind the drapes and make sure people know them the things that we can bring, the critical role we play in healthcare, but also the critical role we can play in leadership of healthcare, and no greater example than our Surgeon General which I know it's been a

guest on this podcast, Dr. Jerome Adams. I mean, just a perfect example of someone demonstrating what a physician anesthesiologist can do in a leadership role.

DR. ADAM STRIKER:

Certainly. Well, let's back up just a little bit and start, and just talk a little bit more about leadership in general. I know the theme of leadership is strong throughout your career. Have you been intentional about seeking opportunities for leadership training? Can you give the listeners some insight into what's works for you?

DR. KRAIG DE LANZAC:

Uh, absolutely. I, I, I can't say, as I mentioned before, I certainly didn't set out to be the leader. I didn't, and I, I sometimes get a little concerned when I see someone saying I want to be in a leadership position. I'd rather see the, the ascension happen naturally, and for me it was always the advice I've given everyone, and it's advice that I gave myself and took from others, was just to get involved in something, go to that first meeting. And, and you will absolutely be humbled by some of the things you hear and see, and see the perspectives of others. And, and I always laugh, the first meeting I ever went to, uh, I sat down and they were talking for half the meeting about an RFP and I had no idea at that time but an RFP was, so I just kind of sat, listened, shook my head, agreed with everyone in the room, came out afterwards, asked one of my mentors in that committee, what is it? Oh, a request for proposal. All right, I get it. And now that seems so silly back then, but it's asking the questions. It's showing up. It's hearing what other people talk about. Stay inquisitive.

You know, I, I, one of my faults maybe, is I usually assume I'm the dumbest guy in the room until someone proves me otherwise. Uh, so I can go in a humble manner, trying not to believe that I know everything, but honestly try to gain the confidence by just taking on these little opportunities, you know, any committee. People are always looking for problem solvers. They're not looking for you to show up at the committee and give more problems or challenges. They want you to take on a problems and say, you know what I can work on that and fix it. I'll come back. Let me give you an answer. And that's something that starts to build your reputation and, and develops you as a leader. And then people will then look to you as someone they can go to because they know you can help. And that's, that's what it's really about, is being able to be that servant leader who can help.

DR. ADAM STRIKER:

Yeah. I know, I agree. I always found that when people come up and offer to help, and let me take this off your plate, let me take care of it. They may have questions, but there's a, I, I feel like there's a difference between somebody willing to, to demonstrate that they're going to do even the most mundane tasks to help out people that have other responsibilities, just to contribute. That experience, is I think quite valuable when it comes to forming leadership skills, ultimately.

DR. KRAIG DE LANZAC:

There, there's nothing more powerful than coming up to, someone coming up to you and asking, how can I help? It, it's just, it's a, it resonates with almost everyone. That, that person generally the help. It's not someone coming up and saying, hey, I want to eventually be in this office, in this committee. What can I do to get there? It's those people that come say, how can I help? What can I do to make your job easier? It's amazingly powerful.

DR. ADAM STRIKER:

Have you taken any formal leadership courses?

DR. KRAIG DE LANZAC:

You know, many times in my career, thought about going for an MBA, and I know many folks have, or an MPH or an MHA, and, uh, something always took my opportunity away from me, whether it was children or different career moves that were described here. So I haven't done that formal of an education, but I have been participating in some of the formal training that ASA has offered, like the, the Kellogg Executive Physician Leadership course, for example. When that popped up, I jumped at the first one, and when a second course popped up, I was, I think I was first to register there. And, and that opened my mind to some things cuz you, you're going through, and you live in your circle, your practice, your little area of the world, and you see what works there and you start to maybe cocoon yourself into this is, this is how I address problems. This is the solutions that have worked for me in the past. But when you go to that formal training and you, you get to hear in particular with these courses, world-class faculty, and they tell you a little more about not just the science of medicine that we're into, and the science of leadership, but some of the psychology and some of the other methods that you can use to better communicate, to better resolve conflicts.

You know, maybe the exercises you use at times might seem silly, if you would just to take a snapshot of some of those courses and see some of the things we're doing. But

you come out of it and say, oh that's why we were doing that. And sitting in a room of people who want to develop leadership skills is incredibly powerful as well. You're talking about things that you might not talk about in your group. In fact, you might sit in your practice and your partners might think you kind of weird for talking about this, but if you go to leadership training and simply have lunch with some of the folks that are also in that course, that's just a great experience. That's a big part of some of this formal leadership is, is the socialization that takes place and seeing how these other high-performing individuals are working to better their leadership skills. So it, it's given me some great avenues to go down. It's only made me hungrier for more formal training.

Uh, I'm probably not too old to get back into that MBA mode, uh, but at this point I'm looking to use all the assets that are available to me through ASA, through readings, through online training, etc.

DR. ADAM STRIKER:

Uh, I'm just curious cuz, I went through a course not too long ago for med staff issues that they had some of the department leaders go through and I had at that point already been tasked with some of the routine things that, you know, our leadership should be doing, up to that point for, I don't know maybe a year or so, and struggled through it myself a little bit. And then I went to this course and, then I am, you know, I'm there and then all the sudden I'm like, boy, that makes a lot of sense now.

DR. KRAIG DE LANZAC:

Those "aha" moments that you have that, wow, if only I did that, and I, I probably my role at Tulane use less of that than I did in my private practice group, and in my, my Vice-Chair days, but the little interactions, the interactions around the OR desk, the interactions in scheduling, the interactions in an OR, all of those things could be improved and, and maximized by some of this formal training. You know, just every single interaction we have through the day can be improved by these things. And that's, that's where I, I take a lot of things away from that formal education and try to naturalize them in my practice. And I'm sure it creeps into my private life as well.

DR. ADAM STRIKER:

What I was going to ask, then, is do you think that it, it's more helpful when you take these formal courses to have some experience in leadership, like it's more valuable? Or do you think it doesn't make a difference, it's, it can still be valuable, but whether you do it before your in these positions, or after. Immaterial?

DR. KRAIG DE LANZAC:

That that's a great question, and I would say that it probably is helpful to dip your toe. You know, if I would have had the joint, uh, Residency and MBA program, for example, that Tulane offers, those MBA courses might have meant something to me at that time, but having gone through some of the, of the trials and tribulations of leadership over the years, seeing these solutions now, seeing these alternatives now, to me, is, is much more meaningful, because I, I realize in some of the things I'm being taught or experience in those courses, that I wonder if I could have applied that in this situation? I wonder when I didn't succeed here if I would have known that if I could applied it. And that just strengthens the lesson.

So, so I do think having that experience, is there, and it's one of things Adam, I talk about all the time, you're never too old you're never too old to get involved in your state component society. You're never too old to get involved in in the American Society of Anesthesiologists leadership, in your hospital leadership. You may have been practicing for, for 25 years, and I'm coming up on that soon. You're never too old to get involved. And, why not? And I think some people feel like well I didn't have that pathway. I preach all the time that getting involved, it at whatever point of your career, the earlier the better, but it's never too late. You could be in your last year and there's so much wisdom in some of our senior members that could bring back down, and that again, apply servant leadership. So they bring up younger members into leadership skills and take a career-long ex, experiences, and then it would make those courses more helpful, I think, to younger individuals.

DR. ADAM STRIKER:

Excellent point. Can you stay with us for just a moment? We'll be right back after a quick break.

(VOICEOVER)

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DR. ADAM STRIKER:

There's a couple things you alluded to that I do want to get to. One is you mentioned the difference in your practices with how you apply leadership. Just elaborate a little bit for

listeners on what the differences are that you've seen in the necessary leadership skills or your leadership experiences between the different locations that you've been at.

DR. KRAIG DE LANZAC:

Sure and, and, and I mentioned earlier, I sort of break my career into to three parts. Uh an academic part, right out of residency into the LSU department, private practice group that I, that I formed and, and again a group of friends, we became partners for 14 years. And now these past two years, my experience at Tulane, uh, being back in an academic staff.

And, and I guess when I was at LSU, and early on in my career, I, I was just trying to learn how to practice anesthesiology and, and things were put in my way, opportunities came up. I sought them, uh, I figured, gee, I could, we can follow and have the same pathways lead to the same problems, or I could try to fix them. So I became sort of a problem solver like I mentioned earlier. By the time I went to my private practice group, I was so much into the equality, I said, let's not have a leader, per say, in this group, let's all be together and, and lead together. And I learned quickly that people will still look to you as that leader. So we evolved and we realized that there would be, not necessarily one decision maker, but there would be one person to sort of guide the discussions, the decisions. And persuasion is a, is a powerful word, sometimes used negatively, but that leader uses persuasion to try to get their groups to go in the right direction. So in that small group, we shared leadership, but ultimately, and, and we always make consensus decisions, but ultimately, I was the one guiding that. You know, I, I was the one pushing forward.

Now coming to Tulane, my goal has been, how can I get these residents that are coming out to perform at a leadership level, and as, as a practice level, like my, my group in private practice? I, I have so much pride in my, my private practice group, a great group of individuals who practice at a fantastic level, both in their clinical care and their compassion, and I want my residents to be like those guys. So my whole point of coming here, to Tulane, was to make sure that I was giving them the substrate to learn those issues, so that's changed how I apply my leadership skills. It's, it's not as much in the committee rooms, as I was in before. Although I'm certainly involved in those things, it's, it's more my leadership and trying to become the mentor for these young residents that I had along the way.

DR. ADAM STRIKER:

The other thing you mentioned before: uh, opportunities. I wanted to talk about tools and resources and I think that's a good segue, but first, to emphasize the opportunities. You had mentioned, like state component societies. Is it fair to say that there's no shortage of opportunities for anybody? In other words, I feel sometimes that, or I get the impression that, I should say sometimes people feel that, you know, I, there's only a few of these spots open and I don't get my opportunity. But, when I look around, I, I see plenty of avenues to exercise, not only, uh, potential for leadership training, but actually be leaders. And my first question is, do you agree with that?

DR. KRAIG DE LANZAC:

Absolutely. I, I think it is, it is one of the most difficult jobs for leaders in a component society, a state component society of ASA, is to create those opportunities for the volunteers. You know, I have mentioned really the worst thing to do is ask for volunteers, have them show up, and not give them something meaningful to do. It, it doesn't build anything in them, it doesn't build the affinity at you want, so one of our main tasks, pretty much over the past decade, is to always make sure if someone came to us to volunteer we gave them something to do. We had something prepared that they could work and achieve their goals.

That being said, many people do come in and say, hey I want to be the President. I want to be the President, and that always concerns me. And we give them some jobs and some of those people turn out to be great leaders, but we want the folks are willing to come and say hey, I, I'll shovel some coal for you. What do you need me to do? I'll make phone calls. Is there any sort of grassroots efforts that I could do to, in membership drives, uh, in trying to get meeting exhibitors, things like that. People love to see a success at the end of that. You give them that success, then they're part of it. You know, we always say we are all ASA, and we are all, in my state, LSA. But once they've been part of the project they get that first success, it really does bind them to it.

And then they are out, uh, proselytizing on behalf of the society for you. They realize they are part of that organization and they're doing the recruiting for the future people. So I, I completely agree with you Adam.

DR. ADAM STRIKER:

And then the second thing I wanted to discuss were the, the resources. Can you elaborate? You mention ASA a little bit. Expanding upon that, what are some tools and resources that you would suggest people take advantage of when it comes to leadership learning or leadership educational opportunities?

DR. KRAIG DE LANZAC:

Yeah, it's interesting to see how our leadership, uh, development courses have come about and it, it came about from a member saying, we want these sort of resources. We want ASA to help us become executive leaders in our organization, to become better leaders at our local level, become better leaders in, in your home and social level. And ASA has responded. We, we've gotten more improved, including this podcast, a more improved set of resources and tools, partnering with the American College of Healthcare Executives. Something that's extremely unique and these specialty societies, this Kellogg Program I mentioned is something that is a very unique, having a course with only anesthesiologists.

So just the formal training that we've developed, the non-formal, the, the courses that are offered at Practice Management some of the courses at our annual meeting, even the legislative conference, that, are sort of geared to leadership training, and the training that you would want to get, uh, for executive physician leadership. But you know, I'm a book-reader, Adam, so there's nothing to me better than, than picking up a good book, whether it's electronic or paper. And there are so many books on business, leadership, self-development, um, that aren't necessarily healthcare books, but all these things apply. And to each his own. I, I think the best book I was ever given, I became the Vice-Chair at LSU in the Anesthesia Department and a former naval officer who is, a gentleman named Tom Nolan, who was the Chair of Ob-Gyn, handed me this book and I always forget the title, but basically it was top 7 or top 10 business principles of the United States Marine Corps. And I read that book, 2 days, 3 days, it was just a great book. And it just spoke to me of how to apply some of the policies and principles of the Marine Corps to business and leadership. And I, I still quote that book, uh, on almost a daily basis and it's made me seek out that type of military leadership applied to business, and sales, and healthcare.

And I think for each of us, there's a, there's going to be a set of books and tools that is going to speak to you. I've, I've got many books on my shelf right now that I've probably read the first couple of chapters, and just didn't, didn't resonate with me but there's so much out there, so much on the internet.

But nothing honestly, nothing beats good mentors good solid, near peer, older, even younger, mentors. That to me, is probably where I have taken and refined so much of what I've read, and the courses, and they allow me to test things out on them, and the good news with plenty of my mentors is that they are more than willing to tell me when I'm wrong. And that goes to my, my parents too, so blessed that my parents are still alive and two of the best mentors I can have. But thankfully, I've developed some

professional mentors that may not be formal mentors in name. They may not even know that they're mentors but they serve that purpose for me and that has been absolutely the best tool I've, I've ever found.

DR. ADAM STRIKER:

Another great segue. Let's talk about mentors. Who are your mentors? Who are the people you remember?

DR. KRAIG DE LANZAC:

I was randomly assigned in medical school to gentleman named Dr. Joseph Crapanzano, who was an OBGYN. Um, practiced in the good old days of LSU and Charity Hospital in New Orleans, and was just a gentle soul, a calm, never saw him panic, easy-going, sit in the rocking chair in his office, had me come in anytime I had a problem. And I stayed with him, not just in, in medical school where he had to be my mentor, but he stayed my mentor, officially in residency and became my mentor when I joined the LSU faculty. He had a son who is a physician anesthesiologist, maybe 6 or 7 years senior to me, who has remained a good friend to me and I would consider also a mentor, but Dr. Crapanzano, as an OBGYN, just allowed me to see what he had experienced. And, and many a time, calming me down. I think he was a great role model for, be calm, be calm in a crisis cuz people will look to you and see how are you reacting? And if you look out of sorts, or not calm, they're going to follow along so, you know, be the leader that you want to follow.

Some near peer mentors, Matthew Miller, uh, uh, one of my best friends was my Chief Resident, two years ahead of me. He was the gentleman who would, became the Chairman when I was a Vice-Chair and we served as Co-Chairs. He was that mentor who listened to every silly idea I had, and occasionally would pick out a gem and say run with that. And he would tell me when I'm right or wrong, and he still is a person I speak to almost on a daily basis to run things past him at all levels.

The "first follower" is another principal you hearing in business, you need to in leadership. It's always great to have that first follower, that person that when you spit out an idea, they go, I'll run with that. And to me that's a gentleman named. Dr. Joseph Kovaleski, who is our LSA President, who is older than I am but has followed and almost adopted me as his mentor. But really he was that guy that when I said, we should do this, but oh, maybe we can't, he was the guy to say we can do it. What can I do to help? He was that powerful resonator that said, what can I do to help? And he has. There have always been those people, you know your coaches back in sports your

parents, but we need to look for those people and I believe there's some younger individuals who have also served as mentors to me. People that I've gone to, I've come to you Adam. I've come to some of our colleagues at work in ASA to ask about issues, uh, particular, particularly as I ran for the office of ASA Assistant Secretary. I reached out to many, to just say what, what can I do? Where, how do I distinguish myself in this role? And, I take from everyone anything I can get. I think the, the best part of leadership is being a listener. I probably talk too much for that. But I try like heck to listen as much as I can.

DR. ADAM STRIKER:

OK, let's talk a little bit about failure. I think most people would recognize that all of us learn from our mistakes and that's probably the best way to learn talk a little bit if you could about any failures or mistakes you've made, and learned from.

DR. KRAIG DE LANZAC:

Yeah, I, absolutely one of my, my goals still in my life and career stats to learn to deal with my failures and not let those things perpetuate. It's very easy for all of us to remember those things we didn't succeed at and maybe forget the things that we were very successful at. And my kids would probably be very proud. Quoting the man Walt Disney, who said that everyone needed a good failure, good hard failure, early on in their career to show them basically what could happen to them, or to, to push them forward and, and to me at a very early part of my career, I had a very hard failure that I, I still live with and reflect back on daily. Um, I was going back to LSU, I had left, very briefly, to join a private practice group when LSU self closed their residency program. I was called back by LSU to take on the Vice-Chair role to reopen that residency program and I was set to do that in the summer of 2000.

Just before all that happened, the Nurse Anesthetist School, which was affiliated the time had some difficulties with its affiliation and the affiliation did not want to continue that program. So I was faced with, not just no residency program, but also a nurse anesthetist program that may be closing and I was asked what alternatives do we have? What sort of solutions do you have, by our, our Chancellor at the time. And I'm this 31-year-old young gun sitting in a room of executives and healthcare executives. And I said, well, there's this anesthesiologist assistant profession out there. Um, wouldn't be legal here in Louisiana, there's only two schools at this time. And before I could finish my sentence my Chancellor said, go get it. So I set about that and I, and I, I produced a plan. I worked with, uh, uh Matt Mueller that we talked about earlier. And we came up with a plan to form not just an anesthesiologist assistant program, but a residency

program and continue the nurse anesthetist program. Our goal was to have three at LSU and I thought we could accomplish it. Moving forward a little bit, we ran into a legislative buzz saw. Um, the nurse anesthetists were very opposed to this, and over the next two to three years this was a battle that ultimately culminated with a ban on anesthesiologist assistants passed in 2004. And what it taught me, in, in that four years of very difficult period of time, what it taught me is that even with the right people, a great plan, the facts on your side, it just doesn't guarantee victory. You know, I think, we'll be growing up and we're coming through med school, we're coming through college and high school, you always think if you're, if you're on the side of right and you've got great facts, you do your homework, you're going to succeed. And what I learned there is that isn't necessarily the way the world works. And I still now realize, that I've always got to have contingency plans.

So even though when I do my homework, I get a great team together, we get great facts and a great goal, I now prepare that, what if this fails, what are we going to do? And how can I get the people that I'm going to be opposed to, to still respect me, at least after the battle. And I think that's what has happened in this. The nurse anesthetists were not quite happy, but I earned their respect over the years and they realize why that proposition was there, and, um, possibly some day we can re-approach that, um, that problem, and I want to correct that failure.

DR. ADAM STRIKER:

I agree. I mean I think that failure is certainly something that we, we all have to go through at some point and really only makes us better partners, better physicians, better leaders, better individuals.

Let's uh, step back a second and talk a little bit about the business aspect of anesthesia. When you think about the business side of anesthesia and professional development, what skills do you find important?

DR. KRAIG DE LANZAC:

Yeah, um, I touched on this a little earlier, and we talked about, just that our personalities, the people that go into the field of anesthesiology, we want to help. We want to relieve pain. We don't anyone to suffer. And we tend to be people that don't have to be the captain of the ship, the head of the show. So one of our greatest skills and strategy is working to get other people to think whatever plan of action we go with, it was their idea, and for example, our surgeons. And every day we use these skills. We we're accidental educators, and we're accidental leaders. We don't even set out to do

these things but we're working with our patients, and our surgeons to get them to know what is the right thing for them. Even if they don't realize it, and that's incredibly powerful tool that anesthesiologists have. And I think we can bring this quite easily into the business of healthcare, where our whole goal is to convince others, third-party payers, hospital systems, uh, small hospital units. We need to convince them of what it is we need to take care of our patients, to take care of our practices, and have them decide that that was sort of, their idea. And I think we're extremely good at that. But, we have to communicate, you know, we can also very easily drop back in the background and just sort of coexist. But I think we're very good at solving problems. We're very good at seeing the conflict and solving it. We're peacekeepers. So I think our education skills, our communication skills and the conflict resolution that we do every day is what really sets us apart as a physician group into leadership skills. And I think those skills, we have them, we may not realize them. And I think some of these courses and resources and some of the formal education can help us to realize that we're doing these things anyway.

It's unfortunate that, Adam, I am sure that it ends up in your personal life, we usually think of the worse case scenario first. As anesthesiologists we go to the worst thing that could possibly happen, and work our way backwards and in life, that's probably not always received well. So we have to learn to communicate back from that, have that in our back of my minds, but when were communicating talk about best case scenarios with patients, with colleagues, with healthcare executives, and um, promote those things knowing always that there's a contingency plan and we might fail.

DR. ADAM STRIKER:

It's funny you say that. You know, going through visits with Joint Commission and regulatory bodies, I think we're all familiar with a lot of tasks or procedures we're going to be asked to perform that don't make a lot of sense when we're taking care of patients. And, you know, I've always looked at it as part of my job to convince people that don't practice what we do, what it is we do, and how important it is, and why sometimes what is being suggested may not be the best for patient care. And within that, I think of the worse case scenario, as you mentioned. And it's not enough to just talk about the worse case scenario, and raise the alarms and, and say, no, we can't do it. There's too much concern. You have got to also try to work with others who don't do this to provide solutions and a way out. And to your point, maybe come up with the best case scenario and you have to be able to, to see it, but also work to convince people that it's, it's not going to be that way, necessarily.

DR. KRAIG DE LANZAC:

And, and I think that's a great point about Joint Commission. It's actually, uh, my colleagues would tell you that that's something I joke about often, and that's one of my past times, is Joint Commission visits. I absolutely love being point person for my hospital, my group, or my area for the Joint Commission, because they're not used the folks coming up to them and saying hey, I'm Kraig De Lanzac, let me show you around. I think it sets them off, but you can have a conversation with these individuals and tell them this is why we do our practice this way. And this is how we apply some of these rules and regulations that Joint Commission has, and I think in doing that, it's something again, we're so used to doing it, it's natural for us if we allow ourselves to get past the fear of, oh gosh, it's Joint Commission. And if you talk about wanting to shine in your facility and move up a ladder, if you're able to tackle Joint Commission for your hospital, your administration, your group, you will move up the ladder. People, no one wants to deal with that. But if you can do that, and I think I'm, most anesthesiologists have this talent, you will move up that ladder.

DR. ADAM STRIKER:

Absolutely. I think I've talked about this before. I think on one of the previous podcast episodes where I've talked about, a lot of times as anesthesiologists, I, I, you know, we often feel like we're riding a wave.

DR. KRAIG DE LANZAC:

Yes.

DR. ADAM STRIKER:

And, that we don't have control. Actually, it was, it was the podcast episode with, uh, with Dr. Martin about MOCA. Riding a wave, and we don't have much control, and we're just at everybody else's hest, and this is another example where I feel like if you, um, take the opportunity, and show that you're able to, that you can, as you said, really shine, and realize that you can affect a lot of change that you may not have otherwise realized you had the ability to do.

DR. KRAIG DE LANZAC:

It's a leadership skill of being confident enough to have that difficult communication. You have that moment where, oh, Joint Commission's there, that gentleman is going to want to talk to me about our process, our preoperative process. And you go, well, maybe I don't want to necessarily talk to him. Go forward, go introduce yourself, tell them, have

those difficult conversations. They're awkward. They're painful sometimes. They, they're anxiety provoking, but afterwards you'll probably feel good about what you did, and I think that goes for all those difficult conversations that we have. And I think people appreciate leaders who don't just, on the side say, gosh, we ought to, somebody ought to fix this problem. They appreciate people saying, you know what, this is a problem. Let me go talk to someone see if we can fix this, and go have those difficult conversations. When Joint Commission comes and, you know again, for, using that as an example to extend it, and they're concerned about a certain process, or part of your process, explain why we do that. And if they say, well that we don't, we don't like that, we'd like you to change it, take notes and, and find out, and to about serving the purpose of your hospital and your patients by applying what the Joint Commission is telling you. And that, that's just, again, we're just extending that same example. But that to me, is, is leadership in action.

You might not even have a title. You just may be the anesthesiologist who's standing at the OR board when the Joint Commission folks walk in. Take that opportunity. Reach out, shake their hand, and say let me show you around my area. They will be blown away. They might even walk in the opposite direction.

DR. ADAM STRIKER:

It's so true. During our most recent visit, you know, we have, obviously anesthesiologists in a bunch of different locations, and they happen to show up at a satellite location where one of my partners was, and was gracious, showed them around, ex, took them through the pre-anesthesia assessments, things they wanted to see, um, explained everything, and you know, he did a great job. And that was, that was noticed. The hospital said, hey so-and-so did a great job. We're, we're glad that he was there to help, and there is no specific title. There was no position he had that put him there, other than being one of our colleagues. And it was well received and well noticed.

DR. KRAIG DE LANZAC:

Yeah, leading without authority. It's the ability to recognize, someone needs to stand up. Why not me? And, and I think that really is, is the whole point of this. It's something I tell my children. Someone's going to need to stand up and rise above this. Why not you? Why not you take on that charge? And I think we have so many a physician anesthesiologists that do that. But I think we have more that could. And I hope we inspire them.

DR. ADAM STRIKER:

Absolutely. What do you think has been invaluable to you, in terms of skills outside of medicine, that you might have learned?

DR. KRAIG DE LANZAC:

So it, it's a little bit about what we just talked about. It, it's just learning to communicate or have the difficult conversations. You know, no one likes conflict. We, we tend to move away from conflict. But if we can lean into it, lean into the situation and say, you know what? I can avoid this. This may cause a problem later. Let me address this problem today, right now. Whether it's my colleague, uh, one of the nurse anesthetists we work with, one of the surgeons. Let me have a conversation with this person and I think I apply that in all social aspects as I, as I work volunteering at schools, you know, that my children attend, as I work volunteering in social settings.

These issues come up. You're sitting in a boardroom. You see conflict going on between two members. Be that peacekeeper, be that person, because that is going to demonstrate your leadership skills, and you know something I think and I go back to all the time is, is how we look at our worse case scenario, but in our communications outside of healthcare, we have to be mindful of that. Know that worse case scenario, but start with the best case scenario and realize that some of the solutions we might see early on, rather than worrying about what could happen, let's take those solutions, let's be a leader.

And, then again, going back to my, my colleague's Marine Corps leadership book, they talk about I believe it's called the 70% solution. That it's better to act now with a 70% chance of success, then wait till later, get more of a better chance of having all the facts and success, but now the moment is too, is gone. You've been too late with your decision. And I think that's applies to social settings as well as it does to healthcare. Sometimes we have to act on what we think is going on before we have all the facts, or else it's too late.

DR. ADAM STRIKER:

It's really interesting to learn everything that you've learned on your path. If you could go back to your med school self, just a couple years back, what would you say, oh dear, what would you say to that person? What do you wish you knew then?

DR. KRAIG DE LANZAC:

So I tell my residents all the time, and they get sick of me saying this, that, uh, I'm a PGY 27 and so 23 years out of my residency. And I, I think back off often to those days, and what ifs. And again, as I said earlier, I didn't set out to be a leader. In fact, you know, I had positions in my medical school class, things we did, and in AAOA, or (sic). Resume building, I didn't set out to do that, but yeah, I had positions. I didn't see that as my lifelong challenge, to necessarily have titled positions, but the Dean of Students, a gentleman named Howard Ramsdel at LSU, when he was writing that Dean's Letter, that you get when you're applying for residency, and he was nice enough to let you read it. And he had a line in there, and he said that Kraig will be a leader in this field for years to come. And I didn't think of myself that way, and I think I sold myself short, I think in confidence. And I think that goes to, even now, there's a, a term used often called "the imposter syndrome". That they say good leaders should have a little bit of that imposter syndrome. And that is, gee, you don't want people to find out who you really are. You know, I'm still that 16 year old kid in high school band, and people are looking to me to lead, and I think it's honest leadership to let people know, hey you know, I'm not as secure about this decision. I could use some help. To let them know that you're not always right, and certainly to realize that you might not be the best person to make the decision. You might defer, you know, as we look at this COVID situation here, part of being a leader in this situation is not to know all the facts, but to know how to use the resources that we have available. And, to know who to go to in forming a consensus, whether it's our CDC, our ASA leadership, our colleagues in infectious disease. It's being that leader that's willing to go and say I don't know everything. Help me out with this problem we have, and we can all move forward.

So, for me if I could go back, tell myself something at that time is, be confident. You're not an imposter. You have some skills that, that maybe others have, but you've refined them. Act with confidence, but I think having a little bit of an imposter syndrome drives me forward. That hard failure, that feeling of, wait, I hope everybody doesn't figure out that I'm still at sixteen year old band kid that I mentioned, and being that leader. I think it puts me in a position of honesty and it puts me in the position of recognizing that I don't know it all.

DR. ADAM STRIKER:

Yeah, well said. What are your goals going forward, at this phase of your career?

DR. KRAIG DE LANZAC:

So again, I still think of myself as the young kid, but I have to realize I am 23 years out of residency. I've still got a period of time ahead of me, but I still feel like I'm young in my

career. My goal now is to be that mentor to the young, uh, residents, the young faculty in my department. And nothing gives me greater pleasure now than to hear someone quoting me, or, or using my words. And, and it's a tremendous compliment, but it's, it's a tremendous power as well. That's why I have to be careful. All of us who serve as mentors have to be careful, that, that could be just as much of a negative power, you know, if you're on the side complaining about the situation, or we're never going to get to past this and we can't do that, people are going to model that behavior. So I want them to model behaviors that I have that are positive. And again try to be the leader that I want to be and model the behaviors to make them the leaders that I want them to be. So again, someone 20 years down the road says, just happens to say, as I'm talking in this interview about some of my mentors, that hey, Kraig De Lanzac told me this years ago. That is an incredible legacy for me, and that is extremely satisfying and that's why I think I'm driving these residents towards involvement in the American Society of Anesthesiologists. Involvement and leadership and professional citizenship, a term that my great friend Jeff Plagenhoef, past ASA President, always talks about, professional citizenship, which is realizing that each one of us shares the responsibility for this, the present and the future of our field. And if I can impart that on our residents and be that mentor, not necessary looking for a pat on the back, telling them that they're not going to get a pat on the back as anesthesiologists often don't do, but if I can get them to take charge, take on problems, take on projects, don't necessarily look for rewards, but do it for doing good sake, then I've made an impact. And, and that is where this next 15 to 20 years of my career is going to take me.

DR. ADAM STRIKER:

Well, Kraig, is there anything else before we close out that you'd like to say? Any messages you like to give to the listeners, or, or topics that you'd like to cover that we haven't?

DR. KRAIG DE LANZAC:

Two quick things. One, jump in. Just jump in. You're going to fail. You're going to succeed. There will be a mix and a balance of that. You will find that niche that works for you.

And the second is just that I'm, I'm honored to be included in this podcast series. I think this is a, a wonderful series and service. Uh, I think, Adam, you're doing a fantastic job at this and I think it's ASA members should be very proud. So I'm, I'm very honored to have been asked to participate today and I really appreciate the time.

DR. ADAM STRIKER:

Well, thank you Kraig, and thanks for joining us today. It's been a great conversation. I really appreciate the time, and take care of yourself and your colleagues as we all move through this current pandemic. And we'll hopefully see each other pretty soon.

DR. KRAIG DE LANZAC:

Absolutely. Can't wait to sit and have dinner with somebody after all this is over.

DR. ADAM STRIKER:

That's, that's for sure. This is Adam Striker, signing off for this episode of Central Line. Thanks everybody for listening and we will see you next time.

(MUSIC/OUTRO)

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