



CENTRAL LINE PODCAST SERIES
Episode 3 - Transcript
Dr. Mary Dale Peterson, ASA President
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(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.

PAUL POMERANTZ, HOST:

Welcome to ASA's Central Line. This is Paul Pomerantz, ASA's CEO and we're delighted that you could join us today. I'm here today to interview Dr. Mary Dale Peterson. Mary Dale is ASA's newest uh, Elected President. She'll talk about her day job, as well. It's my honor every year to work with a new president who brings new skills, new insights, new passions to the role of President, and, we're, uh, very excited about what the future will bring. So, uh, welcome Mary Dale, and uh, glad you could spend some time with us today.

DR. MARY DALE PETERSON:

Thank you, Paul, my pleasure.

PAUL POMERANTZ:

Tell us a little bit about your past to becoming ASA's newest President.

DR. MARY DALE PETERSON:

Well, I kind of took the long road, Paul. I got involved, I guess, at the local and state levels, and got involved with the Texas Society of Anesthesiologists. I became a delegate at the state level, and then, you know, it's kind of what happened along my journey. Um, the director, the district director, decided to step aside, and give me a chance at being the district director, which put me on the board of directors. Um, and then I eventually became the President of the Texas Society. Along the same lines, I became a delegate to the ASA, and, eventually, I became the alternate director, and I became the director, um, from Texas. Eventually, I decided to go for higher office and became the assistant Treasurer. Probably the second woman Assistant Treasurer, and then went up, and you know, to First Vice President on that

Presidential track. But the last woman that became the Treasurer was Virginia Apgar, and that was quite a long time ago.

PAUL POMERANTZ:

Your background is a little bit different in that your career moved to a full time executive role, uh, with Driscoll Children's Hospital. Could you tell, tell us a little bit about that, and what influence that role has on your perception of the role of President?

DR. MARY DALE PETERSON:

Sure, well I've, I guess I don't like to be bored and like to learn new things, so when I first came to Driscoll, I was their second full time pediatric anesthesiologist, and back then we were really, kind of in the beginning stages of understanding how to take care of children with severe congenital heart disease, and that was really my focus, was building up that cardiac program with the surgeons and so I spent a lot of time, in the heart room, as well, uh, dealing with sick children in the intensive care unit which eventually lead to my becoming the Director of the ICU. And, trying to, you know, really get that program off the ground, and then eventually, I was tasked with, uh, would I please help out with the fledgling new health plan on a part time basis. I was still practicing in the operating room and ICU, and really didn't have time for it, but, I've, I've learned to say "yes", and learned a little bit about the health plan, ultimately becoming the CEO of a, of a large Medicaid children's health plan. It covers all of south Texas, and then my latest job was when we had a leadership change at the system level, and the new CEO, said "I can't do this without you. I want you to become my Chief Operating Officer for the system."

And so, it's been an interesting journey, and how this really effects my tenure as ASA President... well, I didn't really plan on becoming the COO around the same time that I became ASA President. I, I, um, but sometimes opportunity knocks, and I think that's a lesson for all of us. You just have to say "yes, I can", and I've been fortunate that my boss, the CEO, understood how much time the ASA Presidency would take, but he was still, he still wanted me, and still wanted to work with me, um, and my schedule, that you know, he's been a bit generous in, in doing that, and I'm think, I do understand things from different perspectives, and I can bring that to my ASA Presidency. I understand the administrative perspective of a hospital, I understand it from an anesthesia perspective, I understand it from a critical care perspective, and a population health perspective. So, I do think I, I, bring some unique perspectives to my ASA President's role and really, the many hats, and uh, and fields of work that an anesthesiologist can be in, because I've touched on many.

PAUL POMERANTZ:

Very, very, very exciting. How important to you was the role of a mentor? Did you have mentors? How were they best able to help you in developing your career path, and do you have any tips for our listeners on finding and working with a mentor?

DR. MARY DALE PETERSON:

So although I haven't really had mentors, per se, that I met with on a regular basis, I would say that I have been fortunate to have promoters, supporters, encouragers. People like Dr. Jim Aarons who was the chair of the anesthesia department, um, where I was a resident and who was also a president of ASA. Another leader, Dr. Betty Stevenson, the first woman who became president of the ASA gave me my first committee assignment on the pediatric anesthesia committee. So, I would say that there were people that opened doors for me, that sent me emails along the way, that encouraged me. I also think, think it's important to have friends and close family, uh, that can encourage you. And, I was also fortunate in that regard, uh, to have a family who always encouraged me to reach my highest goals, and never put limits on me. So, I think that's a blessing to have, not everybody gets that.

PAUL POMERANTZ:

Great, so it's feedback and encouragement, uh, that moved you along. Uh, talk a little bit about your goals and objectives for your, um, Presidency. What do you see as the highest priority issues you hope to address during your tenure as President? And, what hurdles to you think you'll have to overcome to achieve, uh, or to address those issues?

DR. MARY DALE PETERSON:

Well, I'll, I'll start with the hardest one. And, I'm not sure it's gonna be solved in my tenure, but I wanted to elevate, the issue of the economic underpinnings of anesthesiologists, and it goes back twenty years to the HSIAO study that really grossly undervalued what anesthesiologists do, um, especially, um, after, we have the induction phase of anesthesia, and prior to emergence. That phase of anesthesia which can last a short time or a very long time, um, is where you're really acting as a critical care medicine physician at the bedside, you know, constantly monitoring patients' vital signs, and really keeping them alive during some very complex types of, of surgeries that we see today and so really it's understanding, you know, what new payment models might be out there, as well as, trying to figure out if there is a way that we can undo or do a do-over with the flawed HSIAO study. This obviously has implications in, in how we practice, and some of the challenges that I think we're seeing, especially in the academic and research communities, but also in every

safety net hospital, that um, is dependent on government payments that are really undervalued.

So, that would be the main one, but there are several others that are, I would be, you know, remiss. You can just have one, one thing you work on. The ASA has always been a professional organization that's led in quality and patient safety, and, and really looking to improve outcomes for patients, and I think with the current opioid epidemic, um, we are stepping up to help our colleagues understand how pain should be treated appropriately so that, uh, hopefully, patients don't become addicted to opiate medications. And also, being able to provide alternatives to opiates with, you know, new pain therapies, um, or even treatments for, for addiction. I think that there are way too many people that are still losing their lives to this epidemic that we have to really work on together with compassion and really educate the lay-public on what it means to have an overdose, what's wrong, how do you resuscitate somebody. Similar to how, you know, we've taught people how to use AEDs, and they're ubiquitous in the airports or offices, and we need to do the same for teaching everyone, um, how to recognize an overdose, whether it's from opioids or even alcohol poisoning, and how, how to revive that person, either with NARCAN, and/or of course, calling 911, but even, you know, rescue breathing techniques. So, that would be another one.

And then, of course, research. We, we cannot move forward in medicine and taking care of patients if we don't support research, and so we really have a, a, focus, um, working with multiple anesthesia organizations to have a focus on how we can improve anesthesiologists participating in research.

And then, finally, but certainly not the least is really a communications plan so that, you know, as David Zweig calls us "the invisibles", we aren't the invisibles with policymakers, uh, or hospital administrators, um, but they understand the value of anesthesiologists. Really for the whole quality of care in their hospital systems, as well as how they can contribute to the economic engines of hospitals, which really are the ORs and the ICUs. How can we improve quality as well as efficiencies? And so really being able to communicate that to various stakeholders is another goal that I have this year.

PAUL POMERANTZ:

As a, um, follow up question in, in here, how do you see the importance of, um, scope of practice issues to our members and to the future of the specialty? Do you see that as an on-going issue? Do you think that it's something that needs more resources, or to be addressed in new ways?

DR. MARY DALE PETERSON:

Well, unfortunately, scope of practice is still an issue. Um, I wish it weren't, that we didn't have to spend time on this, but as long as we have, you know, nurses who I very much admire and work with obviously in a hospital system on a daily basis, but we have a minority of nurses that really want to put out to the public that they are the same as an anesthesiologist, who becomes a physician first, after, you know, four years of college, four years of medical school, and then doing a four year residency, and then many going on to doing fellowships. And to say that they're the same, when that is just not a, in fact true, the education is vastly different. And so, while, you know, we are very supportive of the anesthesia care team model where practiced, um, we firmly believe that every patient deserves to have a physician. anesthesiologist, um, overseeing, um, their care. And so as long as we have people seeing themselves out to be equivalent to physicians, then we will continue to have concerns around scope of practice. I think the good news is, is that the majority of practices, you know, work very well with those, their nurse anesthetists and their anesthesiology assistants, and most nurse anesthetists I, I know, really enjoy and want to work with, um, physicians who can provide that extra level of expertise and backup, when things may not go as planned or you have a very complex patient that you're taking care of.

PAUL POMERANTZ:

Great, great. Of course, you know now, we are very focused on the issues that are currently in front of us and what we want to achieve in the next twelve months, but what are the things in your view that we should be monitoring going forward, you know, as we look into 2021 and beyond? Uh, are there issues that you see as becoming more important in the future to the profession and the ASA?

DR. MARY DALE PETERSON:

Well, I think that we're gonna continue to see, um, economic pressure, so we need to continue to work on that, but at the same time, I think that there's a patient safety issue. We do know that physicians are feeling a lot of production pressure, not limited to anesthesiologists, but obviously the operating room is especially vulnerable environment. It's a very expensive environment, but it's also a very high-risk environment.

And so, we need to make sure that we're not pushing people, um to produce more, you know, faster turnover times, or some of these other things at the expense of patient safety and making sure that the patient is truly prepared for surgery, that everything is available that's necessary to safely carry out the operation and the anesthetic plan, as well as, as the recovery. So, I think the other thing that we know happens, is, is that is talked about a lot now, is physician burnout. And unfortunately, um, anesthesiologists have a more successful rate of committing suicide than perhaps other physicians, because we deal with these very potent drugs every day, and, and we know the, the dosages very well. And so, I think, burn, burnout is a contributory factor, um, obviously it's not the only factor. Depression, some other things can, can also play a role. But I think we have to pay attention to these things, so that we look at the human side of medicine, and the human side of people that are delivering care. You know, although, you know, there might be some folks, corporate entities out there that would like to have medicine as an assembly line. It, it isn't. You're still dealing with human beings, um, each of whom is, is unique, and, and how they interact with the healthcare system and to really get to person-centered care takes time, and so I think we've got to balance those things and I think it's going to be even harder in the future.

PAUL POMERANTZ:

You've been very successful as a woman in a primarily male-dominated field, both anesthesiology and healthcare leadership. What advice or guidance would you provide to women in both these professions who are hoping to move up the leadership ladder?

DR. MARY DALE PETERSON:

Well, I think, you have to be willing to do your homework. Work hard, um, maybe even harder than your colleagues, especially your male colleagues. But I would also encourage women who tend to shy away from finance, or understanding finance, to, whether you like it or not, to familiarize yourself with finance, because any leadership role, whether you're managing, uh, departments, or whatever, um, you need to understand the financial underpinnings of, of that department, or hospital or health plan, or whatever, on, ob how that runs. And that's why I ended up taking the track of treasurer for the ASA, because once you learn how an organization spends its money, and you understand where the revenues come from, you really understand almost everything there is to know about that organization if you understand that. So, I would highly encourage, uh, women to stay involved and, and, learn more about finance.

PAUL POMERANTZ:

Gender equity has become a, a, big issue and I know the ASA has been involved serving members, uh, gathering more information on this topic. How has the whole issue of gender equity effected the field of anesthesiology, and, and medicine as a whole?

DR. MARY DALE PETERSON:

Well, we're not there. Uh, that's the bottom line. And, you know, we're, we're not done until women have, um, the same opportunities for advancement, the same types of recognition, and the same pay. And, so I think we will continue to discuss it, and look at strategies to overcome the obstacles that are in our way. Certainly, we've come a long way. If you read the history of what some women went through in the early pioneer days we've certainly come a long way, but we're not where we need to be. And, it benefits all of us, as we've known from many studies, that the more diversity we have in, in our workplace, and especially in our leadership, the better we are as an organization, and if you're looking at publicly traded companies, the better their bottom line is.

PAUL POMERANTZ:

Great. And then, maybe just a couple remaining questions... Uh, work life balance is a, a big issue these days. I'm not even sure that's the right word for it, but that's a common concern these days among all employers. Give us your thoughts on how you, you balance your personal and professional lives, and uh, thoughts for folks listening to the show, and for ASA more broadly.

DR. MARY DALE PETERSON:

Well, thank you, and I don't know. I think as we go through life, we, you know, at some points, uh, your career is more than, you get family and, and you know, it's, it's, hard to say, as you pointed out that it's necessarily a balance. I don't see like, uh, a scale that's perfectly evened out. Uh, I think, you know, that what people have to concentrate on more, and where I think we're losing as a society, really, is trying to be present in the moment. So, when I'm doing my job at work, I'm really doing my job at work. I'm really present for the people around me, and I'm not trying to multi-task where, you know, regardless of how well we think we multi-task, we really don't. So, I think that's also true when we're home and with our children or spouses or whatever, that we take time for each other. So, it may not be a lot of time, but the time that we do have together should be well used, and you know, you see the typical restaurant scene where people are on their cell phones sitting next to each other, or across from each other, and so I think, that's where, I think we have

the wrong impression that we have to spend that much more time with our children, when it really is about how we spend time with our children. Um, and how we appear to our children. Do we appear stressed out? Or, do we love our work? And, with my boys, you know, they go "Mom, you work so hard", but I said, I said "You've gotta understand, and I hope you're blessed enough to find work that you love and enjoy because you can work a lot longer hours and a lot harder if it's something you truly enjoy."

So that's probably not a great answer, Paul. You know, I've, I, you know every year I sort of take stock and look at you know, where have I been successful with, you know, balancing the, you know, my work, my, my goals in life, myself, myself, my children, my parents that I've taken care of, and, and where can I do better? And, I think we always have to re-evaluate, and it changes, and sometimes it gets out of kilter and you've gotta refocus in a particular area.

PAUL POMERANTZ:

Great. No, I think that's a great answer and you know, to me, what I'm hearing is you need to, you know, look for roles where you take joy, uh, out of work, as well as in the other aspects of your life, and clearly, you you've done that.

You, you're gonna have a very, very busy year, uh, coming up, and I'm sure you're gonna be able to look back in October at the annual meeting at a great, you know, great number of successes. From your perspective, what's your, your goal beyond that. Do you have, uh, have you thought about that yet or do you have a clear, clear plan going forward, or does that still remain to unfold before you?

DR. MARY DALE PETERSON:

Well, I, I promised our health care assistant that I'll be here at least five years, and um, we're looking at building a new hospital, um about 200 miles south. Um, there's just a whole lot of wonderful work going on, um, and trying to improve the care of children in south Texas. You know, I have an awesome team I'm working with and I will really enjoy putting my full devotion to that, as well as, I've promised my husband that I will travel with him to, not for work, but for pleasure more with him and we can continue to compete in ballroom dancing and do a little bit more of that.

PAUL POMERANTZ:

Uh, wonderful! Let me ask you, is there anything we didn't ask? Anything further you would like to share with us?

DR. MARY DALE PETERSON:

Well, I think so far as, as being President, um, even though after we put out the Monday morning outreach, there's a barrage of emails. I've really enjoyed hearing, um, from our members. You know, just the rank and file people, and hear their perspectives, and, I, I really try to answer each one of those, um, myself, but, I hope that we can, uh, continue to, to, improve our communications and hear from every one of our members if we could.

PAUL POMERANTZ:

That, that's great. You know, over the last couple of years, we've really placed an emphasis on more consistent communication, and more communication touch points with our members – this podcast series being, uh, one additional example of what we're, uh, offering to stay in touch.

Mary Dale, thank you so much for joining us today. Sharing your insights your wisdom, your direction for the year, and your hopes for the future. I wanna wish you all the best for a successful term.

DR. MARY DALE PETERSON:

Paul, thank you so much. It's already been a fun year to start with and, and I, I'm looking forward to this year, and more opportunities to be able to communicate with our members.

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