

PRESIDENTIAL ADDRESS

Leadership

David M. Lichtman, MD

From the Department of Orthopaedic Surgery, The University of North Texas, Health Science Center, and John Peter Smith Hospital, Fort Worth, TX.

It is my privilege to address you as the 60th President of the American Society for Surgery of the Hand (ASSH). I am indeed fortunate that this meeting takes place in Washington, DC, our nation's capital, for it was here that I spent much of my Navy career and was given the opportunity to rise to levels of leadership that I would never have thought possible. It is here that the concept of leadership is defined and practiced on a daily basis.

It is not surprising, therefore, that I chose "leadership" as the theme for this meeting and the words "To lead, to inspire, and to succeed" as its motto. This theme is emblematic of the ASSH, an organization that has always had great leaders, has been an inspiration to its members for the past 61 years, and has met with success in most of its endeavors.

But the principles of good leadership apply not only to government officials and Hand Society officers. I believe they apply to everyone in this room. Professor John P. Kotter¹ recently wrote in the *Harvard Business Review*, "Management is about coping with complexity . . . leadership, by contrast, is about coping with change." While this is true, most of us cope with complexity **and** change on a daily basis. The discipline of hand surgery, the practice of medicine . . . and even the demands of *family* life are all complex *and* in a constant flux. Some of us are natural born leaders while others are experts at managing. All of us, however, need to strike a balance between the two.

What is it that makes a good leader and manager? Many outstanding books, essays, and courses have been devoted to the subject, so I will not review any of these theories at this time. However, I would like to share a few personal observations and anecdotes that illustrate the principles of leadership that have served me well over the years. These principles have enabled me to achieve, perhaps even exceed, personal expectations in 2 separate areas of my professional life: one is the US Navy, and the other the ASSH.

My first principle is to develop a passion for what you are doing and for the organization you represent.

It does not matter whether your organization is a hospital, a department, an office, or a family. The passion can be for its current mission, its future potential, or simply a deep respect for its history and heritage. If none of these areas give you cause for passion, then make this an opportunity to rekindle the passion and inspire your colleagues to greater achievement. The point is, your enthusiasm will become infectious and your ideas a driving force for improvement.

My interest in and passion for the field of hand surgery goes back to when I was a second year resident at the Oakland Naval Hospital. At that time I had no interest in academic surgery, nor did I consider myself particularly adept at leadership. Others, however, did consider me particularly adept at troublemaking; this can be verified by any of my early department heads in the audience. I had the good fortune of being assigned to a *very* noteworthy medical office for my PG-III hand rotation, Sterling Bunnell's original office at 450 Sutter Street in San Francisco. Although Dr. Bunnell had died more than 10 years earlier, the office was still occupied by his ghost, along with the very much alive Drs. L.D. Howard and J.D. Pratt—both, incidentally, founding members and past presidents of the ASSH. In fact, Dr. Bunnell had actually treated some of the patients I examined. I marveled at his surgical results, as well as his innovative solutions to difficult reconstructive problems. Another of Dr. Bunnell's former partners, Dr. John Niebauer, influenced me the most in my decision to seek a hand fellowship after residency. I was convinced that the finger implants bearing his name represented the most innovative concept in the entire field of orthopedics.

However, it was the youngest member of the group, Dr. Jim Doyle, who described the fulfillment and the elation he experienced after his recent election into the ASSH. He was also the first to tell me the rich history of the Hand Society, which was so intimately related to his workplace as well as to my own career as a military surgeon. To this day, I share

his excitement at being a part of this fantastic organization.

My pride and passion for the Navy goes back even further. It probably began as a young boy when World War II was drawing to a close. My father was an active-duty physician stationed in Little Rock, Arkansas. Whenever we walked together and someone saluted him, I was sure it was meant for me; I never failed to return a salute. Perhaps it also occurred as a teenager when I identified with every heroic naval officer I encountered on film or in books, including LT Cable from *South Pacific*, ENS Keith from *The Caine Mutiny* and CAPT Rockwell Torrey, played by John Wayne, in the movie *In Harm's Way*.

I'm not sure why, but from the very first time I put on a Navy uniform, it felt just right. I was proud to represent my country, proud of the accomplishments of the people I served with, and eager to work hard to be a part of the team. I have no doubt that my positive attitude and excitement for what I was doing played a key role in enabling me to earn rapid promotions and to lead effectively in the Navy. But the truth is, to lead effectively in any organization, one's attitude and actions must reflect pride and enthusiasm.

My second principle of leadership is to inspire and energize the people who work for you; they are the key to your success. You can do this by supporting their inherent talents and leading by example. Jim Collins,² author of *Good to Great*, and Jack Welch,³ former CEO of General Electric, emphasized the importance of selecting the right people to do the job. Collins likened the process to "putting the right people in the right seats on the bus."⁴ Although this is important, most of us do not always get the opportunity to select the people with whom we work. In my Navy career, I never had the opportunity to choose all of my coworkers. Rather, I had to figure out what they did best and what they took pride in doing. Then I could place them in the areas where they were best suited. By clearly communicating my goals and my vision, I empowered them to move forward independently. When success was eventually achieved, I openly recognized their contributions.

I learned the importance of good people skills shortly after completing my fellowship in hand surgery. Although officially assigned to Bethesda Naval Hospital, I was sent to the Mediterranean for duty as a flight surgeon aboard the *USS Independence*. It was there that I received my first exposure to great motivational leadership. CAPT Jim Service, Command-

ing Officer of the *Indy*, provided the lessons. The *Independence* was a highly complex floating fortress and combat airbase, yet the captain's primary focus was always the welfare and the training of his crew. After all, we were the ones doing all the work. As I recall, his frequent "Now hear this . . ." broadcasts gave us all of the information we needed to perform our mission. He told us *what* he wanted us to achieve and we figured out *how* to get it done. Although there was never enough time for the skipper to complete his endless daily agenda, he always found time to tour the ship and single out individual sailors for recognition. If you were fortunate enough to be invited to the bridge, the skipper would acknowledge your presence and maybe even offer a quick lesson in local navigation and folklore.

One of the things that particularly impressed me about CAPT Service was that he never gave up his basic skills as a pilot. Once a week he put on his flight suit and participated in air operations along with the more junior hotshots aboard the ship. Although everyone held his breath (unnecessarily, I might add) during his carrier landings, this exercise earned him the respect and admiration of the entire crew. By flying with the air wing he participated directly in one of the core functions of the ship and maintained contact with the people who carried out its mission. He demonstrated there is no better way for a leader to earn trust and respect than by continuing to set a standard of excellence in his basic job and core competency. For me, this meant that I would continue to perform surgery, treat patients, and pursue my academic interests throughout my navy career, regardless of the particular administrative assignment or title I was given. The bottom line is to understand, mutually respect, and stay in contact with the people who are responsible to you; their loyalty and performance are key to your success.

My third principle of leadership is to create a vision for your organization and then define a clear pathway to achievement, despite the surrounding chaos of daily activities. Change in any organization is inevitable; therefore, it is well worth the time and effort it takes to prepare for it. Jim Collins, in his books *Good to Great*⁵ and *Built to Last*,⁶ argued that organizations must create a BHAG, or "Big Hairy Audacious Goal," to motivate people for long-term change. However, I agree with General Electric's Jack Welch⁷ that smaller, more realistic, short-term goals are even more effective in motivating people to accept real-time change and to seek tangible progress. No one stated the importance of progress

better than cowboy philosopher Will Rogers, who said, “Even if you’re on the right track, you’ll get run over if you just sit there.”

After my tour aboard the *Independence*, I learned from my own experience the advantages of creating unique opportunities from uncertainty and change. The late 1970s were not good times for the armed forces. The Vietnam War was over, and senior orthopedic surgeons were leaving the Navy in droves to return to private practice. When the Navy Surgeon General asked me, a 37-year-old recently reformed troublemaker, to return to Oakland Naval Hospital to become department chair and residency director, I knew he was desperate. Some thought a better alternative was to shut the program down. However, I saw the potential for the department to become an academic leader in the military. I also believed that the academic environment in the San Francisco Bay area was stimulating; consequently, I would be able to recruit a young, dedicated faculty. So I accepted the job and proceeded to rebuild the program. Even though most of the Navy brass was skeptical, the Oakland Naval Hospital eventually became one of the best orthopedic residencies in the military.

Another example of thriving on chaos (to borrow the title of Tom Peters’s book⁸) came much later in my Navy career. Following a second successful orthopedic residency restructuring at Bethesda Naval Hospital, I was promoted to the rank of rear admiral. Because I had no previous command experience, I was given a quiet and unchallenging position with the big title of Commander, Northwest Region, Naval Medical Command. The job, located in Oakland, California, entailed coordinating the activities of a large group of Navy hospitals and clinics, a group that required very little coordination. The job came with a driver, an aide, and a huge white flag with a blue star right in the middle. It also came with enough administrative officers to keep me out of trouble.

Soon after settling in to my new position, I learned that a new Secretary of the Navy had decided to scrap the Northwest Region Naval Medical Command. In its place he ordered the establishment of a Bay Area Joint (multiservice) Command that included Letterman Army Hospital in San Francisco and the Oakland Naval Hospital. This type of joint medical venture was extremely unpopular in the military and was not considered a career-enhancing opportunity. However, because I was the highest ranking medical officer in the Bay area, the job of Commander was offered to me. Because declining was not an option,

I looked on this as yet another unique leadership opportunity.

With a little arm twisting and a lot of help from my Army colleagues, we established the San Francisco Medical Command. We all believed in the concept and wanted to show that it could be done, particularly in the medical departments of 2 of its top academic centers. Before anyone had the time to deconstruct our creative organization, we began to face unanticipated challenges and to reap hefty rewards and recognition. In rapid succession, the San Francisco Medical Command led the military’s medical response to the 1989 Loma Prieta earthquake. Working with civilian contractors, we established CRI, the Champus Reform Initiative, a successful prototype health care plan for retirees in the Bay area. We also staffed and deployed the hospital ship *Mercy* to the Persian Gulf following Saddam Hussein’s invasion of Kuwait. Finally, we put thousands of activated medical reservists to work as replacements for our deployed active-duty staff and faculty.

It is appropriate to conclude that some of the best leadership opportunities arise from unanticipated events and challenges. So do not fear change; be a visionary and make change work for you.

My fourth principle of leadership is to always be a team player. This means that as a leader (or even as an aspiring leader), your organization should come first. Whenever possible look for opportunities to advance the success of the team rather than your own success. This will come later, as a result of your team’s contributions.

In the Navy, as in many other organizations, it is important to understand that the establishment does not owe you anything. Consequently, I had to continually remind myself that to get something I needed, I first had to persuade my commander that the acquisition was in his best interest. A good example of this was when I was still chairman of orthopedics at Oakland Naval Hospital and a mid-level officer in the Navy. Dr. Harry Buncke of San Francisco was one of our consultants, and microsurgery was an exciting new surgical field at that time. I believed that the military needed at least one microsurgery training center to apply and to teach this new technology. To obtain the necessary space, equipment, and personnel, I first had to persuade my C.O. that this technology would make his hospital look good. Therefore, we published an article in *Navy Medicine*,⁹ not a refereed orthopedic journal, reporting 3 sailors who had had toe-to-thumb transfers at Oakland Naval Hospital, emphasizing that all

3 returned to their former active-duty statuses. Following that publication, my skipper bought me all the microsurgery equipment I needed, and we established the first microsurgery training center in the military.

The culmination of this story occurred about 10 years later when I was the C.O. at the Oakland Naval Hospital. As fate would have it, a senior F-14 pilot from the real Top Gun squadron lost his thumb and index finger in a garage explosion. He was brought to the hospital where Randy Culp and Charlotte Alexander, along with one of Harry Buncke's fellows, performed a successful toe-to-thumb transfer. One year later there was a cover story in the *Navy Times* showing our patient climbing into his F-14 for his first flight after the injury. What was not shown was the pilot giving his ground crew a "toes up" just prior to blasting off down the runway.

These 4 principles must have worked out for me, as evidenced in my last tour of duty when I was awarded a second admiral star and placed in command of Bethesda Naval Hospital. Bethesda is the Navy's flagship medical center and the President's personal hospital. Some would say that this promotion gives credence to Sir Arthur Sullivan's tuneful yet astute observation that "If you polish up the handles so carefully, you too can be the ruler of the Queen's Navy." Once at Bethesda, I learned quickly that the higher up you go in the leadership chain, the more people there are telling you how and when to polish up the handles. As chairman of an orthopedic department, there was almost no one who knew my job better than I did. As C.O. of the Navy's flagship hospital, however, every third person that visited (usually a senator, congressperson, or—worse—their spouses) had a critical piece of advice for me on how to run the place. Inevitably, whenever one of these bigwigs was hospitalized, he or she would demand to be transferred to our Presidential Suite. So it was very satisfying for me to tell them exactly how that could be arranged: "First," I advised, "you have to run for President, and second," I added, "you have to win." If they did not like that response, then I would tell them to deal with the gentleman standing outside the Presidential Suite who was currently having a quiet conversation with his fancy wristwatch.

After completing my tour and filling my scrapbook, I figured it was time to see if I could earn a living in the real world. Unlike most of my flag level colleagues, I chose to return to clinical and academic practice. This was a smart move, because it gave me

the opportunity to become more active in the Hand Society. The ASSH is one of the world's premiere specialty societies, primarily because it has always had a cadre of strong leaders at the helm. The mission and vision of the ASSH were clear from the start. As most of you know, our roots evolve from World War II, when our founders worked under the guidance of Sterling Bunnell. The early focus was to improve the care of U.S. combat troops who had sustained upper-extremity injuries. After the war this group of surgeons, many still in uniform, met in Chicago to form the ASSH and elect Sterling Bunnell as their first leader. From that inaugural meeting, the vision of creating a premier society dedicated to improving the results of hand surgery wherever it was practiced evolved. The scope of their vision was apparently limitless, in that hand societies have subsequently been established on every continent (save Antarctica) with a common mission of improving upper-extremity care in all areas of the world.

I have learned since joining the ASSH Council that there is a fundamental difference between a voluntary leadership position in a medical organization such as the ASSH and a career leadership position in the Navy or the business community. Because the president of the Hand Society serves for only 1 year, it is nearly impossible to introduce and to impose a large personal agenda in that brief period. He or she can be effective only by working closely with the entire presidential line and Council over several years. It simply takes that long to establish and achieve a set of goals and objectives. I call this concept *coordinated leadership*. To this end, Richard Gelberman, Steve Glickel, and I have been meeting on a regular basis this past year to plan our common agenda and goals. Thus, the function and purpose of senior leadership in the Hand Society is to work cooperatively to chart a course for the future, empowering task forces, committees, and the central office to find the ways to get us there. The specific role of the president is to set the Council's agenda so that the planning and evaluation process is prioritized and orderly. It is also the president's role to communicate the goals and achievements of the Society to its members. Without the cooperation of the entire leadership team, one person's agenda will never come to fruition.

In keeping with this concept, many of the presidential themes of recent years have played a part in this year's Council agenda. Themes that still resonate are: (1) creation of strategic partnerships (Ezaki, Light), (2) creation of a positive public image for our

specialty and our Society (Phelps), (3) recognition and recruitment of a new generation of members and leaders (Stern), (4) establishing an environment of collegiality (Meals), and (5) supporting creativity and innovation (Light). All of these formerly stated goals are ongoing and achieving various measures of success.

As far as setting goals for my presidential year, I once again saw the need to be prepared for considerable changes. Last summer Dennis Phelps and I convened a diversified group of ASSH members to review our strategic plan and to chart a course to the year 2020. In a little play on words we called this group the 20/20 Vision Task Force. The task force members envisioned the need to expand the scope and practice of hand surgery in order to attract younger members to our specialty. They also saw the need to expand the scope of our educational offerings and fellowships to provide competency in treatment of the entire upper extremity. Both of these recommendations are currently being implemented.

The future of hand surgery will be affected by major challenges to today's health care system that affect physicians of all specialties. We must therefore align ourselves with related hand specialty groups as well as with more politically powerful medical organizations (such as the AMA, the AAOS, the ACS, and the ASPS) for our voice to be heard. It is also vital to remember that we represent hand surgeons from 3 separate surgical specialties. As originally articulated by Bunnell, hand surgery is a regional specialty, not a tissue specialty, so we must continue to promote unity among our members from diverse surgical backgrounds. Finally, the United States is becoming a much more culturally diverse nation, and we, along with other professional health care organizations, will have to reflect that diversity to thrive in the future.

In conclusion, I believe that following a few principles of leadership have made an important differ-

ence in my life. I am convinced that most hand surgeons are just as involved in day-to-day leadership challenges as I have been. This is an organization of leaders, some on a national level and some on a state level, but almost everyone is involved in local hospitals, departments, offices, and homes. It is therefore essential for all of us to understand the principles of leadership and be willing to learn from others to achieve success in our own lives.

So, now hear this . . . I have truly enjoyed my short year as President of the ASSH. In the spirit of my personal Navy heritage, I wish you all "Fair winds, following seas, and smooth sailing in the future."

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

Corresponding author: Dr. David M. Lichtman, Department of Orthopaedic Surgery, John Peter Smith Hospital, 1500 S Main St, Fort Worth, TX, 76104; e-mail: dlichtma@jpshealth.org.

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0363-5023/07/32A04-0001\$32.00/0

doi:10.1016/j.jhsa.2007.02.002

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