

Leadership Development and Succession: A Critical Component of the SCA's Mission

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The leadership of an academic society is often confronted with several goals in their commitment to optimize value for its membership, while maintaining fiscal responsibilities. Members are usually interested in conventional benefits offered by an academic society historically focused on education, research funding, networking, professional development, mentorship, sponsorship, and advocacy.

Characteristics of a society's high-functioning board of directors include its responsibility to be visionary; to identify and implement novel trends into new and future programs; to be data-driven in striving to maintain its mission; and to focus on organizational strategy while leaving administration and execution to the management team. However, there are several other important factors required to develop a strong foundation of culture within an academic society, including a commitment to both visibility and availability of the leadership to its membership. Respect for diversity among the faculty and leaders remains a critical focus for enabling a healthy sense of cultural humility and creating an optimal environment for sustainable success.

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Embracing diverse teams is not about filling quotas but rather about enabling the most qualified individuals to perform optimally. A recent McKinsey report found that public companies in the top quartile for ethnic, racial, and gender diversity in management were more likely to have financial returns above their industry mean – diverse teams are simply smarter and perform better. Thus, an academic society's leadership is also responsible for developing and pro-



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moting leadership succession, including development, recruitment, and retention, while emphasizing the important principles of diversity, equity, and inclusion.

Among all the goals and objectives related directly to our mission that the Society of Cardiovascular Anesthesiologists (SCA) Board of Directors has successfully achieved during this challenging year, we have also intentionally prioritized initiatives related to diversity, equity, and inclusion that involve faculty and leadership development and representation. The SCA is also in the process of endorsing a formal multi-society statement related to these issues. Furthermore, we are developing our own Diversity, Equity and Inclusion Committee to directly advise our board and will very soon be including the following statement on all of our communications:

“The SCA is committed to upholding the highest standards of inclusivity and diversity in pursuing our mission of being an unbiased and credible source of information, expertise, and leadership. Our collective reverence for mutual respect, shared experience, and mentoring drive what we do, both professionally and personally, each and every day.”

In a recent SCA President's Message, I had the pleasure of introducing Dr. Adam Milam, who is currently serving as a fellow in cardiothoracic anesthesiology at the Anesthesiology Institute at the Cleveland Clinic Foundation. Dr. Milam has already established a notable reputation for addressing important issues related to diversity, equity, and inclusion in health care and is well published in this area. He contacted me recently about his interest in pursuing this topic within the SCA to further highlight its relevance within the national and international community of cardiothoracic and vascular anesthesiologists. Dr. Milam generously provided an article, which I included in my president's message. With his permission, I have provided the following excerpt:

According to Brotherton and Etzel (2020), only 5.9% of Anesthesiology residents and 2.3% of Adult Cardiothoracic Anesthesiology (ACTA) fellows were African American during the 2019-2020 academic year. Initially these statistics surprised me, then I thought back to my experiences – during residency and fellowship, and the interview trail for fellowship and faculty positions. There were no African American ACTA staff during my residency or fellowship programs, and I did not encounter another African American applicant while interviewing for fellowship.

There continues to be a lack of diversity within the medical workforce despite the robust benefits of having a diverse workforce. African American and underrepresented physicians are more likely to practice in underserved and minority communities. Additionally, patients with racially concordant physicians report better communication and there is improved patient compliance to preventive and invasive services. Improving diversity in anesthesiology and specifically cardiothoracic anesthesiology is necessary, long



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overdue, and will likely improve perioperative care for minority and underserved populations.

I am speaking as an African American male, but feel free to insert Hispanic, Native American, female, disabled, LBGT (and the list goes on). As a society and subspecialty, we need to recognize that diversity is a problem. We then need targeted interventions and initiatives to diversify the field because the playing field is not equal; residents and fellows from underrepresented minorities have encountered racism, discrimination, and microaggressions while pursuing training. At a minimum, cardiothoracic anesthesiology should reflect the diversity of our larger specialty and the ASA. There is no easy fix; this will take time and support from the SCA leadership and membership. I look forward to working with SCA and ASA to address the lack of diversity in our national society leadership, within anesthesiology, and specifically cardiothoracic anesthesiology.

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As leaders in the field of cardiovascular and thoracic anesthesiology, it is my strong belief that it is due diligence on behalf of the SCA to promote these critical issues, as we are all gatekeepers who have a responsibility to create a better world that recognizes the role of mutual respect and opportunity as primary components of professionalism. While this year has certainly been challenging on many levels, I am confident that we will survive and evolve to become wiser, more versatile, and even more resilient. In addition to benefiting from our experiences, perhaps most importantly, we will have learned to be kinder, more sympathetic, and more respectful to one another. No one can develop therapies to help us with these human traits, so it is up to us.

Please stay safe and be well! ■