Leadership Corner: Listening to and Enabling Others
It was my privilege to interview Dr. Alan M. Dietzek. He is Chief of Vascular and Endovascular Surgery at Danbury Hospital in Connecticut, current IAC board president, and president-elect of the Society for Clinical Vascular Surgery. As our series continues to explore "what defines success in leadership," my charge for Dr. Dietzek was to focus on how he enables others to act and forms effective care and office teams. I also focused on how he optimizes teams and team members by delegating power and authority so they can reach new heights of success.

Q: How do you feel that you have positioned yourself in the arena of leadership and leading the process of change within your community-based/academically oriented environment?

AMD: First and foremost, I think great leaders are driven to get results, yet at the same time stay open to feedback and information. By achieving good patient outcomes and being responsive to and respectful of colleagues, I was always able to eventually gain their highest respect. Once that happens, people begin to look at you for involvement in areas within leadership and for leadership roles. You become perceived as a leader, giving you the opportunity of always looking to inspire, thinking outside the box and getting to the next level.

Q: What is it like spanning the bridge of a busy clinical practice while running a division, teaching, dealing
with many of the classical community practice unique situations, handling all your societal activities, squeezing in your research project and still having time for your wonderful wife Bonnie and your children?

AMD: When my three daughters were at home, there is no question that I sacrificed advancing my academic portfolio, and it was worth every minute to me. However, now that Bonnie and I are empty-nesters, I have the time to pursue all of the activities you have inquired of, never for a minute underestimating my wife, who has been my partner and who has been on board with my goals. I think every great leader knows you accomplish very little alone. You must be enabled by and enable others.

Q: What brought you to Danbury Hospital?

AMD: After completing my fellowship with Frank Veith at Montefiore Medical Center, I was asked by Larry Scher in 1990, to join him at North Shore Hospital on Long Island – at that time a superb community teaching hospital affiliated with Cornell University Medical College – to start a vascular program. In 1993 I joined a private practice and in 1997 I was recruited to become part of a private multidisciplinary heart and vascular group, which was a very progressive concept at that time. Despite the success of this group, however, I increasingly missed a more academic type of practice. Almost as if by serendipity, I was contacted by a recruiter looking to help Danbury Hospital develop a state-of-the-art academic vascular program within its community-based environment. I interviewed and gave them a shopping list of what I perceived to be the essential components of a successful vascular and endovascular program, including imaging equipment, a vascular lab and support for academic program development. Much to my surprise, they did not hesitate in their affirmative response. Although I had performed the very first EVAR on Long Island and was very busy and settled in our community, my wife was very supportive of my career goals and I accepted the offer. It turned out to be the best decision that I ever made for both my family and me.

With the support of the institution and my partners, we were able to grow the program steadily and we now perform more than 1,000 cases a year, the vascular lab has 10 techs performing more than 15,000 studies a year, we have one of the newest general surgical residencies in the country and I have an endowed chair. The latter was the gift of a grateful patient and helps to support our academic pursuits. One of my proudest accomplishments is that seven of our residents have gone on to vascular fellowships, two within the last year, and we have four more in the wings. I am now in the process of pursuing our own 5+2 vascular fellowship.

Q: I have read that you are known for the following: putting your patients first and foremost, approaching consultations by putting your patient and their family at ease and treating them just as you would your own family. You take great pains to make sure that your patients understand in lay terms what conditions they may have and the treatments necessary to treat them to feel safe, secure and informed as they make choices. How do you convey this mantra to your staff, your residents and fellow attendings on a daily basis? Do you find it a challenge to maintain this mission and live these values day in and day out?

AMD: When working very hard, one can sometimes forget that the No. 1 priority is the patient! It’s a challenge to make sure that the resident and attending staff don’t forget that. That said, it is my job to set the example and have them follow on that path. Modeling the way and staying consistent to your core values is very important.

Q: You are perceived by many of the membership of SVS as being more of a "community practice" type / within an employed hospital model. Is this a correct perception?

AMD: That depends on where along the way in my career that question was asked. Now, over the past five years, there has been an increased academic presence. Although Danbury Hospital is a true community hospital, it functions in many respects like an academic institution. The division continues to behave more and more like an academic division but within a community hospital setting. This is a model that can certainly be copied across the country. At the end of the day, however, the principal driving force is taking care of your referring docs. These are lessons learned that are the basics of a private practitioner's credo to flourish within a community, independent of the institution functioning on a more academic platform.

Q: Leadership is becoming recognized as an essential skill set for surgeons. Where along the way did you develop your skills?
AMD: Although I would like to think that these skills are all innate, the truth is that they are in large part learned proficiencies, and the literature supports this. For most of us, including myself, experiential learning through trial and error seems to be the mechanism, making mistakes and learning from them. That being said, I would advise that learning to listen to others is one of the most important skill sets to work on in leadership. Also, I have tried to adopt a philosophy of “under-promising and over-delivering.” Of course you don’t want to under under-promise!

Q: In closing, what would be your advice for SVS members who desire to enhance their own leadership skills?

AMD: Get involved. You cannot learn leadership by reading alone, you must be active and accumulate experience and feedback. Don’t stand on the sidelines. Go in willing to learn and don’t be afraid to ask for feedback from your peers, more senior leadership and your mentors. Look at these encounters as opportunities for learning and personal growth. Before you know it, your experiences will be of great value to those behind you and some may even want to follow in your footsteps.

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