I had the pleasure of walking to the office next door to mine to interview my good friend and practice partner, Kellie Brown, MD, FACS, DFSVS™, as part of our ongoing series of interviews with national leaders in vascular surgery. Dr. Brown is a Professor of Surgery and Radiology at the Medical College of Wisconsin in Milwaukee, where she is fellowship program director. Her national leadership roles include serving as vice chair-elect of the American Board of Surgery’s Vascular Surgery Board, as well as president of the Midwest Vascular Surgical Society and chair of the SVS Education Committee.

This interview continues our series of conversations with national vascular surgery leaders, with topics from the book “The Heart of Change” by John Kotter and Dan Cohen; the topic of this interview is dealing with the anxiety of change.

**Q:** Today we are talking about dealing with the anxiety of change. We have been through a lot of changes in our own shop over the last few years. What did you do to help get yourself through?

**A:** That’s a tough question. I sometimes don’t sleep well! When we were going through our leadership transformation, what I really tried to focus on was what my priorities were and really what was in the best global interest of the group, and focus on the things that I could control while trying to not worry too much about the things that I had no control of. I feel it’s important to maximize your influence over the things that you can control. I tend to second-guess, but if I can make myself put what is important first – my patients, my partners, my practice and not personal gain or ego – that’s the most important.

For me, preserving our group dynamic and continuing to work with a group of people that I really enjoy was absolutely paramount. Making sure we could preserve that was the goal, so making efforts toward that goal was what I needed to do to be happy. Like anything else, sometimes I am more successful than others. One of the most anxiety-provoking things in our world, in my opinion, is change. Change is inevitable, so when I am facing change, I try to think about what I can control, and let go of those things I cannot control. I try to plan ahead, and manage the things that I am able to manage.

**Q:** What career changes along the way have been anxiety-provoking for you?

**A:** The early part of a career in academic medicine was pretty easily defined. Medical school, Step 1, 2 and 3, on to residency, then assistant professor, then associate professor, then professor. You have the requirements, you do them, then you get there.
Later though, figuring out the next step was hard. Figuring out my next goal has been anxiety-provoking for me. I needed to figure out how to stay motivated and how to stay relevant. You never want to feel devalued, but you have to figure out how to keep providing value and learning how to value yourself. You need to keep the fire and the passion for coming to work every day.

**Q: But you can’t do everything. While you need to have a deep profile to stay relevant, not everyone is going to be a basic science researcher, clinical researcher, outstanding clinician, educator, and administrator.**

**A:** That's very true. Most people can’t do all those things themselves, so it’s important as a leader to recognize those qualities in others and make sure that you bring in the right people. Everyone has strengths and weaknesses, so you have to identify those and then bring in people who have complementary areas of strength.

**Q: Training has changed a lot and you have been very involved in this with both the APDVS and the ABS. Where is this going?**

**A:** The 0-5 vascular residency is here to stay, and those programs have done a great job training vascular surgeons. However, the independent (5+2) pathway remains a critical option for training because not everyone knows they want to be a vascular surgeon when they enter residency. I believe both options will be around for the foreseeable future. Both are necessary, and both are critical; keeping them both is important. The real question with training will be how to train people to do complex open surgery in an era of endovascular techniques. That’s an issue that the APDVS is dealing with as open aorta numbers are getting lower. It may be that we will see mini-fellowships in open surgery as we used to see when endovascular surgery became common. The good news is that the vascular educational community is very active and forward-thinking in how to train the best surgeons. I think with the leadership of the APDVS and the incredible vascular educators we have in this country, we are going to continue to see innovations going forward.

**Q: What do you think has been your greatest strategy for success?**

**A:** I really have never said “no” to anything. That’s not necessarily a great strategy, but it’s worked for me! My recommendation to junior faculty is to take the opportunities that come their way and make the most of them. Do it on time, do it well, and do exactly what you promised to do. When you do a great job, more opportunities come and one thing leads to another. If you are offered a presentation opportunity, even if it is not exactly what you want to speak on, I recommend doing it anyway and do a great job. Then the next time someone has an opportunity, you will be seen as someone who can deliver. This opens a lot of doors. You keep your mind open, and say yes to every opportunity that you are given.

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