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![Image of Dr. Joseph Mills]
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This month’s leadership spotlight is on Joseph L. Mills, MD, FACS, Professor and Chief of Vascular Surgery and Endovascular Therapy at Baylor College of Medicine in Houston, TX. Dr. Mills has been President of the Peripheral Vascular Surgery Society (now VESS), Western Vascular Society, and the Association of Program Directors in Vascular Surgery (APDVS). He has a strong interest in education and is a past-chair of the Vascular Surgery Board (VSB) of the American Board of Surgery (ABS), and a member of the Surgery Residency Review Committee (RRC) of the Accreditation Council of Graduate Medical Education. We discussed his approach to leadership from the viewpoint of the Kouzes/Posner trait of ‘Encouraging the Heart.’

Q: You have held many leadership roles in education in vascular surgery such as the chair of the VSB, president of the APDVS, director of the ABS. What aspect of leadership in education do you find compelling compared to administrative leadership roles?

JLM: One of my greatest passions and interests is teaching. Over the years, I have been taught by many great surgeons, including John Porter, Lloyd Taylor, John Hallett, Jacob Robison and Mel Smith (a pediatric surgeon). Each one had different styles, but all wanted to transmit their knowledge and experience, and always inspired you to do your best. I think teaching well is analogous to giving a vaccine. The busiest surgeon can only operate on so many patients, but I have been involved in the training of 100s of general surgery residents and almost 40 vascular surgery trainees over the last 30 years. If one imagines that one has been able to impart some bit of knowledge, surgical technique and patient focus to each of these individuals, it is easy to see that the potential impact is far greater than one could ever have achieved through the practice of surgery alone. I especially enjoyed working on the APDVS and VSB in order to improve resident training. I am proud of Vascular Surgery for adapting to change rather rapidly compared to most other specialties. As far as the leadership roles, I seem to fall into them. I have never campaigned or actively sought any of these roles. I have tried to stay involved with the SVS and regional societies, and follow through on commitments; this becomes increasingly difficult as the number of commitments mounts during the course of your career.

Q: Can you give an example of an accomplishment you were able to celebrate with your team in order to inspire ongoing success?

JLM: Nearly two years ago, I moved to Baylor College of Medicine in Houston after nearly 21 years at the University of Arizona in Tucson. Part of the motivation was the opportunity to build a bigger dream in the largest medical center in the world, one that is an historic place for Cardiovascular Surgery. There is an epidemic of diabetes in the region, which is in need of better coordination of care for patients with diabetic foot problems. After surveying the landscape, we put together a PCORI P2P proposal that was recently awarded to improve diabetic foot care and prevent amputations in Harris Health. It was an extraordinary process. For over a year, aided by a highly motivated research resident in surgery, my partners, and a strong collaborator from Infectious Disease who was sold on the vision, we met with patients, the Harris Health Council, administrators, budget officers, nursing staff (inpatient and outpatient), epidemiologists and research health scientists to compose the application. Our initial Health Disparities grant was not funded, and after getting over the disappointment, we were pleased to be encouraged to submit a P2P application,
which we were just recently awarded. To accomplish this required tremendous group effort, team building, and collaboration over an extended period of time. I found the whole process stimulating and renewing. We all can’t wait to move forward.

**Q: You are known to be fairly active in social media. (You have over 1,700 followers on twitter!) Can you describe how you use social media to support your leadership roles, and give any advice about do’s and don’ts of professionalism in social media.**

JLM: I was initially quite skeptical of social media, particularly Twitter. I now use Twitter primarily, and to a lesser extent LinkedIn, to interact with other scientists and physicians and to promote vascular surgery. I follow mainly other vascular surgeons, vascular physicians, and others with an interest in medicine and surgery. I also am interested in science in general, and especially evolutionary biology. The followers (1,800 is fairly modest, actually) come with a consistency in posting topical and pertinent items. I learn a lot on social media. Many of those whom I follow have similar interests – imagine the power of having nearly 1,800 people throughout the world reading and coming in contact with a wide variety of information every day and sharing it with you – it gives you intellectual tendrils that extend globally. It is a great way to keep current. I generally shy away from politics and the posting of personal information.

**Q: Would you advise young surgeons to be active in online social media promotion (LinkedIn, Doximity)?**

JLM: I find Twitter the most useful. LinkedIn is probably in second place, but its goal seems to be to get you to pay for a higher level of LinkedIn, and many posts that I see are superfluous or unprofessional. I think young surgeons need to get involved in social media but should keep their posts professional. I link my Twitter posts to Facebook. I occasionally glance at Doximity, but have yet to define its utility.

**Q: As a mentor, what is the most frequent advice you give to students or residents interested in vascular surgery?**

JLM: Always start with the patient; the patient should always come first. Read as much as you can (an avocation in danger of becoming a lost art). Learn principles, not factoids. Continually ask questions because they lead to research ideas and better patient care. Which approach is standard? Why? What are alternative options? How do we know in whom to select what option? What are the goals of therapy? How could we simplify it or do it better? I also emphasize that surgeons should become experts at pattern recognition. That is how an astute surgeon usually makes a diagnosis; however, also be alert for facts that don’t fit the pattern so you aren’t blind to alternative diagnoses and treatment plans. And don’t be afraid to be your own strongest critic; it’s ok to make a mistake, but it’s never ok to fail to acknowledge it, learn from it and correct it whenever possible.

**Q: Any recommendations on books about leadership that have inspired you?**

JLM: I am not big on Leadership books, BUT last year, upon the recommendation of my chair, Dr. Todd Rosengart, I read and was inspired by "Team of Teams" by General Stanley McChrystal. There are many messages in this book that apply to developing teamwork in a complex medical environment (for example, our BCM group covers Baylor St. Luke’s Hospital, Texas Children’s Hospital, the Michael E DeBakey VA Medical Center, and Ben Taub Hospital). Key points are that one must develop a common purpose, shared consciousness and empower individuals to execute. He also emphasizes that high levels of interaction lead to creativity and ingenious solutions.

**Q: In closing, can you describe three traits that you believe are important in a successful leader?**

JLM: Honesty and dependability; perseverance despite obstacles; and the ability to develop, share and articulate a clear vision.