



Leadership: Spotlight on Linda Harris, MD

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On behalf of the Leadership Development and Diversity Committee

This interview continues our series of conversations with national vascular surgery leaders based on topics from the Kouzes and Pozner book “The Truth About Leadership.” This column highlights the evidence-based behaviors regarding “Leadership is an Affair Of The Heart.”

Dr. Linda Harris is a Professor of Surgery at the University of Buffalo, State University of New York, where she is Fellowship Program Director and has served as the Division Chief. She has been a reviewer for numerous peer-reviewed journals and has served on the editorial board of the Journal of Vascular Surgery, JVS: Venous and Lymphatic Disorders and CIT as well as Vascular Specialist. Leadership positions include president of the APDVS and of the Eastern Vascular Society and Distinguished Fellow of the SVS; she has mentored numerous trainees in surgery through their clinical and research interests.

Q: It is said often that “institutions won’t love you back.” To be anywhere and excel for a long period of time, as you have, can be challenging, especially trying to avoid getting lost in the shuffle. How have you managed this over the course of your career?

A: Certainly, no institution or organization is going to be perfect. Many times when people bounce from one institution to another, it is because they think the grass is going to be greener. Every institution, I don’t care how large or how small, has issues. If you have an issue that is truly important to your career/practice and you can’t resolve it after a reasonable effort, that’s when it makes sense to leave. Otherwise it makes more sense to fix what you have, because it may be better than what you would be going to. While it is true you have more “power” when you first come, that power is rapidly lost. All of our institutions can provide a great deal. Unfortunately, many of them do not realize our importance in vascular surgery. Accross the country, we are trying to get people to realize what we do and who we are, and to show how valuable vascular surgery is to the universities and to the hospitals for patient care. We can’t do this from the bottom. When trying to make changes, it is much easier to do this from the top. When you are near the top, then people listen to what you say.

Q: It’s an interesting problem, this inability to make hospitals understand the value we provide to other services. We rescue everyone else and no one rescues us. Why is this so hard for other people to understand? How do we get people in early stages of training to understand what we do?

A: Until hospital leadership actually understands what we do, they just can’t appreciate us as a specialty. Ask a first- or second-year medical student — they often don’t know who we are as vascular surgeons. We are one of the youngest specialties, and we get confused with other specialties all the time. What I tell students is what I tell my own children.

Find a career you are passionate about because otherwise you're not going to be good at it in the long run. Can you imagine doing something 20 years from now that you don't love and having to keep up to date with it? You see this more clearly in some of the "lifestyle" fields. For example, if you have a radiologist who loves what he or she does, that person is one of your best partners in caring for patients, whereas the ones who don't enjoy it you have to call and point out what they have missed. We want to recruit students and residents who are the right fit, with the right mentality, technical ability and personality to help grow our field. We need to show them the passion for what we do. I love what I do. Not that I don't get frustrated at times, but I love what I do. There is nothing more fulfilling than saving people's limbs and saving people's lives. We make an impact on people and have a long-term relationship with them as they go through the next stages of their health. Patients truly get to know us and we get to know them. This is very unique in a surgical field.

Q: You have been in a large number of leadership roles both locally and nationally. That's not for everyone; some people are content doing the operations and letting other people deal with the "headaches." What in your career made you realize that moving into more challenging leadership roles was for you? Was it even conscious?

A: When I was a young kid, I was actually extraordinarily shy and introverted. I forced myself into some things that got me out of my shell. In doing so, I got elected to leadership roles in high school and college; in college I was in student government, in medical school I got involved in AMSA on a national level. I was only a few years out of residency and fellowship when the local ACS chapter asked me to represent them in the Young Surgeons group. They kept asking me to come back and eventually I worked my way up to being president and governor. In vascular surgery, my break really came with Tony Sidawy. He is clearly one of the forward-thinking people in our field; he realized early on that we needed to get young surgeons involved in leadership or our field was going to die. He asked me to chair the first young surgeon ad hoc committee which he was creating at the Eastern Vascular Society. I chaired for several years and that helped to launch my involvement in leadership in a number of other societies.

How did I become a leader? When people ask me my opinion, I'm not afraid to speak my mind. I want to make a difference. You have to be willing to put yourself out there, even if your view is not always right. If you aren't willing to challenge the status quo, life will not change on its own. When you do voice your opinions, you are often given the opportunity to get involved in changing things for the better.

Q: Our major societies are very academically oriented. Large societies have committees relating to private and non-academic practice, but those surgeons are not often seen in national leadership roles. What can we do to get our colleagues involved on a national level?

A: This depends on what we mean by "getting them involved." There is a big difference in what we need from the organizations in terms of academic and non-academic practice. Take the Vascular Annual Meeting. Education has so many venues – online, journals, hundreds of meetings, etc. Academics have to punch certain tickets for promotion so you have to be involved, presenting, doing research. Non-academic surgeons may participate for education, or they may go for industry interactions that might not otherwise be available, they may come because of collegial relationships, and they may be interested in leadership. We need to reach out directly and find out what they need and to allow them to participate in ways that will benefit their careers and lives, not fit them in to our molds. While lines are blurring, and academic and non-academic practices are not so different anymore, we still need direct outreach to see how we can best help them as a Society. Moving forward, our web-based platforms for interaction may attract more community practice surgeons' involvement and participation. For example, SVSConnect (online community) does not require time away from work. We can't measure involvement solely on attendance at VAM. Once those in non-academic practices show an interest, we need to give them the opportunity and the support for their involvement and advancement, and leadership opportunities.

Q: There were some recent talks in an ACS leadership meeting about leading from the front versus leading from behind. Which technique is better, or is it a combination?

A: There are a lot of different ways to lead effectively. The concept of the "dictatorial leadership" is rarely effective today. We are working in a different environment with multiple generations. We do need to lead by example, because, you cannot expect from others what you are unwilling to do yourself. By the same token, you don't have to be the lead on everything. A good leader will give people opportunities to excel. That is how you grow massively as an

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organization, because lots of people are working at the top of their game for a united goal. As an individual, I can only accomplish so much, but if I motivate, or allow motivated individuals to all work towards a goal, we will accomplish much more than I could have ever done by myself. In groups that work the most effectively, all members feel invested. That means you give recognition to those who perform, and you provide the tools to allow people to succeed.

Q: To wrap up, any thoughts on when you learned to say “no?” Certainly, I struggle with this.

A: I still have a hard time with this, but I do occasionally say no. You have to know what you can realistically accomplish. It is worse to overcommit than to say no. You do not want to say yes, and then perform poorly because you don't have time. If you have the time and it is part of your personal plan, it makes sense to take on opportunities when they are offered. If the opportunity isn't part of your original plan, make sure of your own interest and willingness to devote time to it before saying yes. Our plans change over time, so it is important to reassess when opportunities are presented.

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