



LEADERSHIP: Spotlight on Michael Conte, MD

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BY BRYAN W. TILLMAN, MD, PHD ON BEHALF OF THE LEADERSHIP DEVELOPMENT AND DIVERSITY COMMITTEE

I had the privilege of interviewing Dr. Michael S. Conte, Professor and Chief of the Division of Vascular & Endovascular Surgery at the University of California, San Francisco. We focused on the themes of the chapter: “Challenge Is the Crucible for Greatness,” from “The Truth About Leadership,” by Kouzes and Posner.

Q: Over your lifetime, who have been some of your role models for leadership and what are the most important lessons you learned from them?

A: I guess like most people I’ve had multiple mentors for different aspects of my professional career. Two surgical chairs at the Brigham (and Women’s Hospital in Boston), Mike Zinner and John Mannick, were both role models in uniquely different ways. Mike, because he was such an effective leader in a complex academic health system. Very insightful, engaging, always available and a strong advocate for his people. Someone who would make you feel like part of his team and invest the time and energy to make you successful. I found Mike to be transparent, accountable and very honest about where things stood, i.e., someone to trust. I always appreciated his ability to get everybody behind one vision in a large department. John Mannick was just the consummate academic vascular surgeon. He had NIH funding for his entire career, was doing high-end complex vascular surgery, was an effective administrator, and yet was done by 6:30 p.m. every day. His intellectual prowess and amazing efficiency were daunting to try to duplicate, but very inspiring. As a surgeon-scientist, Alec Clowes was a tremendous role model. As my career went on I got to know him more and more. It was incredibly rewarding, as Alec was a brilliant, insightful scientist. Always available, always intellectually curious and very rigorous, and a great sounding board for a million things. I got to work with him on the Prevent III trial, but then over time our relationship deepened. He was a terrific role model, staying true to his mission of being a surgeon scientist. Alec’s premature death was a tremendous loss for vascular surgery. Maybe most importantly, as an outstanding surgeon, Mike Belkin at the Brigham, my dear friend and long-term mentor, really personifies for me the complete vascular surgeon in terms of patient care. Mike always puts the patient first. He always does the right thing, and always does it well. If you ever want to know what the right thing to do is, you go to Mike. It’s not necessarily going to be a shortcut, but it’s going to work. His integrity and loyalty to his patients – and his people – are exemplary. Those are all the people who have, in different ways, inspired me.

Q: Are there particular experiences or challenges that have forged some of your leadership skills?

A: I think one of the big ones, in terms of both opportunity and challenge, was running the Prevent III trial. I was relatively junior at the time. It was an innovative trial of a genetic therapy for vein grafts. I was in the right place at the right time, and already had done some research in that arena. But it was huge undertaking, and I’d never been

exposed to running a large-scale clinical trial. It was a 5- or 6-year ride, a lot of work, a great opportunity and a great learning experience. The disappointment and the challenge were that the treatment didn't work. The trial was run by a small company which partnered with a bigger company, but the resources disappeared almost the minute the trial was negative. So the challenge was how to pivot to make sure that we got the most information out of the trial, because there was not going to be any more analytic support provided. It was very disappointing that the molecular construct didn't work, so I spent a lot of time thinking about why. I became much more interested in inflammation as a pathway of vein graft disease, and it pushed me into the next R01. After many years of working on that, it was challenging to make a transition and pick up the pieces. I think we were successful at getting a lot of knowledge out of that trial. What I learned from that is the importance of having a leadership team that was very engaged and collaborative. We made sure everyone had something important to do, that they could lead some questions coming out of the trial. Together, we found a way to marshal the resources to get some good contributions done. I think it was important to be inclusive, and to share the data with a group of people who were interested in following through on the ancillary questions.

Q: What are common challenges for young faculty in your division where you are able to provide guidance?

A: Common challenges are learning what you are good at, building your own community in your area of interest and finding that village in your institution, while balancing all your commitments. At the end, it is about how you deal with failure. Because there is no success without lots of failure. Typically, we don't like to fail, particularly as surgeons. But we know as surgeons that we do fail – and you have to get up and keep going. The most important things are to stay true to your values and be honest with yourself. If you know there is an area where you need help, get the help whether inside or outside the operating room, don't be a hero. Use your colleagues, because vascular and academic surgery are fundamentally team sports. My door is always open, and I find that there's a way to be a good mentee and a way to be a good mentor. I ask people to think of potential obstacles ahead of time. Part of my job is to foresee where the obstacles are, but it is hard to be in everyone's shoes. It's a lot about not trying to over-extend yourself, but I know I am not always the best example! Learn and use the resources around you. If something doesn't work, put it down for a little while, think about it from a different side and get some different opinions. Don't keep burrowing into your own rabbit hole, which we all tend to do. Part of the purpose of coming to national meetings is to get out of that rabbit hole so you can see what other people are doing. Each journey depends on where someone's passion is. It's really important to match the person with the job, otherwise the struggles are harder to fix later.

Q: Clearly the paradigm for leaders has changed since your training. What do you see as new transitions that leaders will need to become accustomed to?

A: I think one of the biggest challenges on both an institutional and on a national level is defining what our value is. One of the biggest reasons people in academic surgery may not be happy at times is that they feel undervalued, or they feel their efforts are not being appropriately measured by the "system." We are a relatively small group, so we need to ... as they say "punch above our weight." I think we have to define our value really well, in every one of these settings in our department, in our hospital, in our health system, and on the national stage. There are a lot of people who do work in our arena, so how are we distinguished? At the end of the day our value should be defined by what we do for our patients. These discussions should be driven by the quality of our argument with data, not by how loud we are. I also think it's a really important skill to learn how to build consensus. You can't just argue for what you want. You have to listen to what everyone is trying to get at, help to sharpen the vision, define common ground, and still move forward. Especially in an academic health environment where there are lots of competing interests. Our field is very complicated and the public, at large, does not really understand what we do. I think this is the No. 1 challenge for us: clarifying what we contribute and what we do for our patients. Leading multidisciplinary teams to improve vascular care requires that we are open, collaborative, and accountable – and not insular. I worry sometimes that as we try to move our priorities forward we may appear too inward-looking. Our leaders will need to maintain a broad perspective to meet these challenges.

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