Spotlight on Leadership: Interview with Omaida Velazquez, MD

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Modeling the way: How to sustain credibility and integrity in leadership

This is the latest column in this year’s series highlighting the evidence-based behaviors and attributes that define great leadership.

I had the privilege of interviewing Dr. Omaida Velazquez (left), chair of the DeWitt Daughtry Family Department of Surgery at the University of Miami and the surgeon-in-chief for UHealth and Jackson Health System. She has also previously served as the executive dean for Research, Research Education and Innovative Medicine at the University of Miami Miller School of Medicine. We talked about the importance of sustaining credibility and integrity in leadership.

Dr. Velazquez’s career path has been unique and she has embraced many challenges along the way. Her remarkable story began in 1980 when Dr. Velazquez and her family emigrated to the United States from Cuba. When she arrived at age 14, she spoke no English, yet she was determined to become a physician. She eventually settled in New Jersey where she majored in chemical engineering at the Stephens Institute of Technology. She attended New Jersey Medical School on a scholarship, graduating first in her class, and completed her internship, residency and vascular surgery fellowship at the University of Pennsylvania. She then joined the faculty in 1999 as the first female vascular surgeon.

In 2007, she was recruited to the University of Miami to head the Division of Vascular Surgery. Over the years she assumed several leadership roles, ultimately accepting her current position.

While being an active practicing vascular surgeon, Dr. Velazquez has consistently managed an NIH-funded research laboratory focused on angiogenesis, wound healing, and atherosclerosis. In addition to these leadership roles at her own institution, Dr. Velazquez has served many leadership roles in national organizations. Of note, she has been awarded 35 research grants, has served on editorial boards of three academic journals and serves as an external peer reviewer for at least 26 more. Despite all of these accomplishments, she is modest, extraordinarily focused and an
active mentor and continually supports her peers and colleagues. She is a true triple threat – a busy clinician, sought-after educator and NIH-funded researcher, a path that has become increasingly uncommon among surgeons. Also importantly, Dr. Velazquez is the first and only Latina woman at a United States medical institution to hold a Chair of Surgery position. Thus, it is with great pleasure that I was given the task of interviewing my former mentor, Dr. Velazquez, on "Modeling the Way."

Q: We tend to learn a lot about leadership through observation of others. As you think about one to two role models you desired to emulate, what attributes come to mind as being most important to you and why?

A: I had the privilege of having many different mentors who have each contributed to my clinical, teaching and research skills. Some of the important qualities that I have learned through watching my mentors include a passion for innovation and the ability to continually question "why." This striving to continually reevaluate clinical problems has been an important characteristic that has allowed me to improve my skills. Perseverance over time in asking translational questions to help examine unsolved clinical problems is an important trait. Being able to encounter setbacks and then move forward is an essential skill. Being successful at making a difference in clinical medicine requires that we continually challenge ourselves and those around us. Status quo is not good enough. I learned a passion for innovation from giants in surgery, such as Dr. Clyde Barker and Dr. Ronald Fairman and renowned scientists like Dr. Meenhard Herlyn.

Q: Which leadership skills have you found to be most critical in your day-to-day leadership success? Why? Which have been the most difficult for you to acquire? Why? How are you working to build your skills in those areas?

A: One of the most challenging yet critical leadership skills involves maintaining focus while multitasking. In this increasingly changing political and professional climate, the challenge to "be here now" can often be overwhelming; thus, taking time to focus on individual tasks at hand has been a critical skill that I am continuing to develop. It is important to remember, however, that despite being pulled in multiple directions, patient care is our utmost priority. One of the more difficult skills for us to master involves organization and keeping up with a lengthy "to-do" list. This can be challenging as the "to-do" list is constantly changing and the priorities for certain tasks are continually evolving. One of my early mentors, Dr. Jeffrey Carpenter, used to refer to it as the "tyranny of the urgent" never letting us focus or dedicate significant time to the critically important long-term goals.

Q. For those on the learning path of leadership, are there one to two practical pieces of advice you can provide that may save them time and discomfort?

A: I think that finding many mentors and sponsors to help in different aspects of career development is critical. For example, I had clinical mentors as well as research mentors who were able to provide advice on different fronts. I had sponsors who did not work with me directly but knew my focus and path and were great role models and advisers in my career. Additionally, remembering to organize and prioritize appropriately are important for a busy surgeon. Another practical point of advice is to keep up with literature. I have found that continuing to advance my knowledge-base and maintaining my lifelong passion for learning have helped in both the clinical and research arenas. Leadership courses and leadership books are extremely helpful for ongoing career development.
Q. As you think about the future of vascular surgery and vascular health of the population, how can SVS members best position themselves to lead effectively?

A: I strongly believe that patients and their unmet needs need to be the first, second and third priority. The commitment to teaching the next generation should be equally supported, particularly in this changing clinical climate. In our institution we have moved from the classic model of “one-on-one” care to a more team-based approach. I feel that over the next decade, surgeons need to be part of teams that lead advances in quality, satisfaction and population health management.

Q: How can SVS best support its members to lead change in the health care system and in their own practices?

A: I feel strongly that supporting training grants such as the SVS Foundation matched funding for K-awards is critically important for advancing the next generation of surgeon scientists. Supporting leadership courses for SVS members is important for advancing vascular surgeon leadership roles both at the local and national levels. It is also important for vascular surgeons to have a national prominence and active roles in healthcare as many of the decisions that affect our patients are made on a national level. Through SVS support, advances on all fronts can be made.

Article Date: Friday, January 19, 2018
Author: Re-posted from the January 2018 issue of Vascular Specialist
Tags: Vascular Specialist Tags
Leadership
Article Type: Article