

For the past nine years, various experiences have honed my bedside manner and the way in which I interact with those around me both professionally and personally. From standardized patient experiences in medical school to actual patient encounters as a senior integrated vascular surgery resident, these moments have reaffirmed the notion that the most important role a physician can play is that of “educator.”

Surgeons serve as educators in several capacities. Surgeons must educate their trainees as to the relevant physiology, anatomy and technique of an operation so that the case can be executed with precision. Of equal importance, the surgeon must be able to educate a patient and their family members as to the indications, risks, benefits, expectations as well as the post-procedural care and follow-up of a given intervention for a condition. In doing so, the surgeon is able to obtain “buy-in” from the patient and their family not just for the procedure, but more importantly for compliance in the post-procedural period. It is through this educational relationship that a successful partnership is formed and opportunities for clinical success are maximized. My experiences in meeting members of Congress and their staff during the 2016 SVS VAM have reaffirmed the strength of this “physician as educator” model of relationship-building and policy advancement.

As surgeons, we need to work closely with those in Congress and their staff in much the same manner we interact with our patients and their family members. We need to clearly elucidate the cause, effect, and proposed legislative solutions to the issues that impact our patients and our profession. We must also maintain this strong and close-knit relationship with the members and their staff after a given legislative session or vote, providing follow-up on the impact of the policy adopted (or rejected) as well as any new issues that may arise (no different from how we manage our patients in their post-operative surveillance).

One thing that makes fostering this relationship easier for the physician-advocate is the fact that the dreaded “patient lost to follow-up” situation doesn’t really apply: The members of Congress have offices both in D.C. and in their home communities, where they and their staff are purposed with interacting with constituents. Unlike our clinics, however, where patients come to see us, it is up to the physician-advocate to make “house calls” to their representatives’ offices.

Throughout my experience as the 2015 Policy and Advocacy Scholarship Recipient, this “house call” approach to interaction with our elected leaders proved successful. Additionally, I was amazed by the strength and organization of our national society’s advocacy initiative. Numerous members of Congress cited the SVS’s efforts as being impactful with regard to SGR reform, and are actively working with the SVS on new issues that arose in follow-up, such as MACRA, MIPS and chronic care management.

Most importantly, the SVS has dedicated the resources needed to train its willing members so that they can facilitate an informed discussion with legislators and their staff, educating them on the issues that impact our practices and our patients. Despite our recent successes with SGR reform, new issues are always on the horizon and thus there is a constant need for more willing members to engage in surgeon-advocacy. I sincerely hope that others will join in the effort of advocating for our profession, our colleagues and those who entrust us with their care.

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