Changing practice of medicine: disruption defined as forcible separation or division into parts; in business, disruption defined as radical change in industry or strategy, especially involving introduction of product or service that creates new market; anesthesiologists increasingly employed in large-group practices, which represents significant change; change occurring in specialty of anesthesiology; change is loss, which leads to grieving and other behaviors that must be understood and appreciated; crisis — provides opportunity for transformation, for leading change, and for leading transition; practice of medicine currently in crisis situation; leading change — leadership not limited to chairs of departments; individuals can provide leadership in operating room (OR), group practice, and hospital

Characteristics of change: change occurs when people willing to embrace it; crisis often drives change; change rarely linear process; readiness to change often triggered by notable experiences or events

Change during disruption: determine whether conventional ideas outdated; anesthesiologists must prove their value to institutions underwriting their services (most anesthesia groups have some underwriting of services); anesthesiologists must ensure that services they deliver are the services actually billed for

Key values of leadership in disruption: include humility, courage, and love; specialty of anesthesiology at testing point; anesthesiologists must be “unwavering in the goal to improve care yet humble enough to invite everyone to come together to realize the goal”; leaders must make tough decisions about where to deploy scarce resources

New physics of patient care: currently transforming how anesthesiology practiced; based on Steven Wartman’s concept of E = MC², where E represents emerging model of health care, M represents population (individually and collectively), and 3 Cs represent care anywhere, care in teams, and care by large data sets

Care anywhere: technologic advances allow delivery of care wherever patient located (care no longer tethered to hospitals and clinics; eg, ambulatory practices deliver anesthesia care in physicians’ offices); increasingly knowledgeable and informed consumers seek increasingly convenient options for receiving health care

Care in teams: once sacrosanct one-to-one doctor-patient relationship giving way to patient relationship with health care teams consisting of multiple health care professionals (eg, nurse practitioners work in intensive care units; anesthesiologists work with anesthesiologist assistants [AAs] and certified registered nurse anesthetists [CRNAs]); determining how to gain most value from team is crucial (includes allocation of constrained resources); reimbursement practices must be realigned to support new model (includes carefully redesigning scope of practice; cost of services must be accurately determined)

Care by large data sets: fundamental shifts in practice required to accommodate enormous volumes of information collected for each patient; new interpretive and functional infrastructure required to manage data

Adapting to change: small-group practices disappearing; individuals most able to adapt to change survive

Importance of trust: successfully confronting crisis and change requires trusting relationships; moment of crisis too late to begin consideration of trust, whether it be with OR nurses, surgeons, or hospital administrators; “grease” of change is trust; leaders must build trust every day with hospital administrators, OR directors, and colleagues; avoid abstruse terms in communications; truth may change from day to day; trusting relationship important; deliver clear, truthful communications; According to Jack Welch, business leaders can build trust by connecting with employees and forging relationships; authenticity feeds trust; develop trust by taking time for people, being open with information, focusing on benefits, keeping ego in check, sharing weaknesses, and seeking synergies

Qualities of leadership: include passion (leaders obligated to pass responsibility for medical practice on to next generation), discipline (leadership akin to exercise...
because sustained effort required; eg, talk with OR or nursing director on weekly or daily basis instead of every 6 mo), fortitude (ie, fierce resolve to act), ability to access and use data, openness (leaders must share information), ability to set others up for success (leaders must build morale), loyalty, ability to be meritocratic (ie, placing best person in job), ability to engage in teamwork (includes occasionally “standing alone and doing the right thing on behalf of your team” even if it is not what team necessarily wants to do), consistency (leaders must treat others fairly, and be consistent with messages delivered to nurses, surgical colleagues, and hospital administrators), and humility

**Behavior during disruption:** incompetent leaders create challenging situations because they do not know how to deal with disruption; take responsibility for self-determination; seek coaching from outside organization; engage in self-reflection; continue to perform to high standards; focus on future instead of complaining about past

**Suggested reading:** The No Asshole Rule — organizations need such a person at times, but not during disruption; other books include The Wizard of Oz and Other Narcissists, Crucial Conversations: Tools for Talking When Stakes Are High, and The Art of War; lessons — know thyself and thy enemy; stick to facts; narcissists hear what they want to hear; some people need to step down

**2008 Joint Commission sentinel alert:** hospitals must establish formal code of conduct; leadership required to create process for reporting, evaluating, and managing disruptive behavior; disruptive behavior leads to poor patient outcomes

**Personality traits exhibited during disruption:** include extraversion, agreeableness, conscientiousness, neuroticism, and openness; neurotics do poorly in times of change; leaders should consider personality traits of people with whom they work

**Disruptive personality traits:** narcissism — marked by grandiose sense of self-importance, preoccupation with success, power, and brilliance, belief in personal specialness, need for excessive recognition, strong sense of entitlement, tendency to exploit others, and lack of genuine empathy; narcissists challenging to deal with as hospital administrators; insight deficiency — individual may be highly reactive to criticism and/or in complete denial; “circle walker” — recruits followers to undermine group decisions; particularly disruptive if trait possessed by individual with leadership; “subterranean” — convinces others to fight his or her battles; preys on people with low self-esteem to help drive his or her agenda

**Additional lessons:** seek to understand before being understood; effective leadership requires understanding of others; recognize that people approach situations with different frames of reference; people who feel understood and respected become energized; leaders should advance confidently if they know which role they want or need to play; opportunities for providing leadership and raising stature of specialty must be seized; leaders must have clear goals to aim for, and should find someone trustworthy to evaluate ideas

**Trust equation:** trustworthiness equal to credibility plus reliability plus intimacy (numerator) over self-orientation (denominator); narcissists not trusted leaders or colleagues, and only care about themselves

**Life experience:** learn from direct experiences; difficult experiences lead to improvement; challenges define individuals and their responses; prepare for challenges and seek balance in life; anesthesiologists should examine their lives, practices, professional responsibilities, and actions on behalf of patients

**Career:** anesthesiologists should be responsible for their own success and happiness, build their own brands, learn to deal with failure and mistakes, be true to themselves, possess emotional intelligence (important in present time), learn to “read room,” assess people with whom they negotiate, and evaluate practice options

**Culture:** culture overcomes strategy; strategy cannot succeed without culture to support it; anesthesiologists should evaluate culture in their group, larger corporate entity, and hospital, and determine whether it requires changes; persistence and repetition keys to success; group with shared vision required to effect cultural change; cultural change requires years of effort

**Decisive action:** may require single large step; small steps sometimes counterproductive; trust of colleagues required

**Personnel:** important to have the right people professionally, including CRNAs, AAs, nurse practitioners, and physician assistants; important to have the right administrative team; wrong people can undermine intent in time of disruption; ensure people know they are valued; leaders should know their own teams and those of hospital administration; working with difficult people necessary at times

**Knowledge of limitations:** difficult to fight wars on multiple fronts; carefully choose battles; know enemy; limited number of battles can be fought simultaneously

**Generational differences:** multiple generations currently involved in practice of medicine including Baby Boomers, Generation X, and Generation Y; be aware of generational differences in response to change; men over 50 have most difficulty with change; Generation Y expects employment model; encourage Generation Y, but do not expect them to pay dues; Generation Y dislikes sarcasm, cynicism, and condescension and will not work in environment in which these exist

**Teams:** team dynamic changing; medical direction model becoming increasingly prevalent; AAs and nurse practitioners change work division; evaluate generational motivations when building teams; teams involve results and shared experiences; for Baby Boomers and Generation X, team motivations include efficiency and individual performance; for Generation Y, team motivations include collaboration, high energy, and multitasking; balance generational needs

**Feedback:** accomplishing balance requires feedback; provide feedback to colleagues and nursing staff; praise in public but criticize in private; colleagues and others should understand that leaders want things for them and not just from them

**Tolerance:** leaders must tolerate people with whom they do not agree, and they must cultivate habit of speaking
Desirable characteristics: leaders should be inspirational, dedicated, loyal, visionary, and confident; confidence difficult in midst of change; leaders must take responsibility; according to Rufus Fears, leaders during change should possess bedrock of values, clear moral compass, and compelling vision, and they should inspire others; poor leaders push people down; successful leaders lift people up; do not dwell on past; focus on future; avoid people who belittle ambition; become “go to” person

Leadership as pursuit: ensure pursuit of correct goals; be clear with people in group; be creative in doing more with less; pursue good talent and find place for them; embrace change; be mindful of character and purpose

Working with hospital partners: communicate and demonstrate clear direction; inspire highest standards of legal and ethical behavior; model and encourage learning innovation, excellence, and focus on future; drive strategies for performance excellence and sustainability

**Keys to leading change during disruption:** have solid relationships; provide solid communication; evaluate expectations and options; create cultural environment; find common ground across generations; retain humility; provide and seek coaching

**Suggested Reading**

- Kahn MJ et al: A case for change: disruption in academic medicine. Acad Med 2014 Sep;89(9):1216-9;
- Payson E: The Wizard of Oz and Other Narcissists: Coping With the One-Way Relationship in Work, Love, and Family. Royal Oak, MI: Julian Day; 2008;

**Acknowledgments**

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**Estimated time to complete the educational process:**

- Review Educational Objectives on page 1: 5 minutes
- Take pretest: 10 minutes
- Listen to audio program: 60 minutes
- Review written summary and suggested readings: 35 minutes
- Take posttest: 10 minutes

PROFESSIONALISM IN ANESTHESIA

1. Which of the following changes to the practice of anesthesiology best illustrates the concept of disruption?
   (A) Employment of anesthesiologists in large-group practices
   (B) Institution of new guidelines for resuscitation
   (C) Introduction of new anesthetic drugs
   (D) Updates to established codes of conduct

2. All the following statements about organizational change are true, EXCEPT:
   (A) Occurs when people are willing to embrace it
   (B) Often driven by crisis
   (C) Usually a linear process
   (D) Readiness to change often triggered by notable experiences

3. Which of the following is a factor included in the new physics of patient care?
   (A) Care in individual practice
   (B) Care in hospitals
   (C) Care in foreign countries
   (D) Care in large data sets

4. According the Jack Welch, business leaders can build trust through:
   (A) Bonuses and raises
   (B) Connecting with employees and forging relationships
   (C) Daily memos and reminders
   (D) Promotions and letters of recommendation

5. The ability of a leader to engage in teamwork is expressed by always acting in accordance with the team’s wishes and never standing alone.
   (A) True
   (B) False

6. Which of the following is a characteristic of a person with a narcissistic personality?
   (A) Recruits followers to undermine group decisions
   (B) Displays lack of genuine empathy
   (C) Convinces others to fight his or her battles
   (D) Is often in complete denial

7. In the trust equation, trustworthiness is equal to credibility plus reliability plus intimacy over:
   (A) Abstruseness
   (B) Conscientiousness
   (C) Insight deficiency
   (D) Self-orientation

8. Which of the following statements best describes the impact of organizational culture on the implementation of change?
   (A) A solid strategy overcomes entrenched culture
   (B) Culture can be changed quickly
   (C) Persistence is key to changing culture
   (D) An individual with a vision is capable of effecting cultural change

9. Which of the following statements about generational differences in motivation and response to change are true?
   1. Men over 50 yr of age have the most difficulty with change
   2. Generation Y expects an employment model
   3. For Generation X, team motivations include individual performance
   4. For Generation Y, team motivations include efficiency
   5. For Baby Boomers, team motivations include collaboration
   (A) 1,2,3
   (B) 2,3,4
   (C) 1,3,5
   (D) 3,4,5

10. When executing change through coaching, it is important to give ______ without creating ______.
    (A) Reinforcement; entitlement
    (B) Direction; dissent
    (C) Correction; resentment
    (D) Advice; dependency

Answers to Audio Digest Anesthesiology Volume 57, Issue 46: 1- B, 2- A, 3- C, 4- C, 5- A, 6- D, 7- C, 8- D, 9- D, 10-B

Attention, CME/CE Participants
The cutoff date for logging 2015 credits is December 31, 2015. Test forms received after that date will be accrued to 2016.