



UNIVERSITY OF MIAMI  
MILLER SCHOOL  
of MEDICINE

Kate Early, MA  
International Liaison and Scholarships Sections  
American College of Surgeons  
633 North St. Clair Street  
Chicago, IL 60611-3211

June 30, 2017

**Report – 2017 ACS and EAST Scholarship for the Executive Leadership Program in Health Policy and Management, Brandeis University**

Dear Ms. Early,

I would like to thank the ACS and EAST for this excellent opportunity and the privilege of being a Health Policy Scholar in 2017. This program has afforded me, as a trauma surgeon specializing in public health, with Canadian experience, the ability to glimpse into a world I knew little to nothing about, and emerge with a new financial and leadership literacy.

This Executive Leadership Program is based on the mission statement of The Heller School for Social Policy and Management at Brandeis University – ‘Knowledge Advancing Social Justice’. This program is an intense 6-day course which is the brainchild of Professor Jon Chilingirian, PhD. It provides surgeon leaders with the opportunity to participate in simulation exercises that emphasize effective leadership skills and to review case studies highlighting current national health policy issues. As a health care management professor and founding program director, Prof. Chilingirian recognized the need for clinicians to develop the skills required to do everything from learning how to separate assumption from fact during SWOT analyses to interpreting a financial spreadsheet. These are all skills required to become competent hospital managers, surgical leaders or chief executive officers. Abilities such as these have been significantly lacking for many clinicians in positions of decision-making power, and were not ones easily acquired in medical school, residency or beyond, without formal graduate-level training by way of an MBA. This Executive Leadership Program in Health Policy and Management course addressed our knowledge gap perfectly.

Using lively presentations from a stellar faculty, we tackled the basics of advocacy in health care, from leadership and team communication to financial literacy, an overview of the

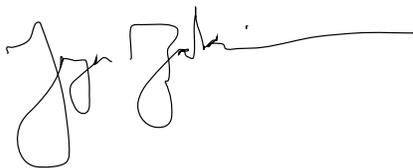
American Health Care Act and conflict negotiation. It seemed like we had covered an immense amount of work – and indeed we did. I felt that after this one-week intensive foray into the world of management, I had gained enough business savvy to understand the appeal of a Master in Business Administration for clinician leaders. The individual lecturers were each dynamic in her/his own right. A unique highlight was hearing Prof. Stuart Altman give a fascinating historical summary of the extremely and unnecessarily complex American healthcare system, across several US administrations and presidents, and his personal contributions over the decades. This broad overview culminated in his opinion, based on years of experience with administrations of both sides, that indeed, the vast majority of Americans view health care as a fundamental human right, and not a market commodity where disease and suffering are considered a business opportunity. With her interactive and animated presentation style, Prof. Brenda Anderson made interpreting a financial spreadsheet interesting, even to a neophyte like me. But the glue that held everything together was Prof. Chilingerian's lectures and infusion of creative energy at each stage. He taught us about how being a leader is sometimes not about being the first one up there, doing the crazy thing, but daring to join the crazy. We learned about cultural sensitivity in negotiating real estate deals in central France to never forgetting about the Armenian genocide. He brought many of us to tears when watching a US Army trauma surgeon deliberately disobey orders and hierarchy to save the life of a wounded comrade, at great risk to all. Prof. Chilingerian situated everything in real terms, relatable to all of us, regardless of our personal backgrounds and opinions.

The leadership concepts were what stood out the most for me. These were encapsulated in the adage "The essence of leadership is fair process. The outcome is less important than the process". I would add that leadership is based on not just fair, but profoundly democratic, processes. We learned paradigm-shifting ideas such as the collective or "*c* factor" being correlated with the average social sensitivity of group members, the equality in distribution of conversational turn-taking, and the proportion of females in the group. Human group performance is directly proportional to the *c* factor (Science, 2010). Diversity generates strength in ideas, in a supportive, communicative environment. Pressures of all kinds activate our implicit biases in decision making, at times leading to disastrous consequences, as seen throughout the United States today. Whenever nine people looking at the same information come to the same conclusion, it is the tenth's person's duty to disagree and actively look for evidence to the contrary. We must challenge and test assumptions and not simply rely on the convenience of routine consensus. My favorite truism highlighted was "In the face of evidence to the contrary, people prefer an incorrect hypothesis rather than revise an assumption or belief." I have never heard these points being made in any other surgical leadership courses taken previously. They were applicable not only to clinician leaders, but to community-based, societal leaders and activists, especially in these contemporary and contested times.

What made this experience truly memorable, however, were the surgical colleagues and friends who participated in this program. We were as diverse in our opinions as we were in our surgical training and backgrounds. Some of us were private practice plastic surgeons with a gift for numbers and communication, others were NIH-trained surgeon scientists with impeccable handwriting. Many were talented polyglots representing a variety of cultural backgrounds, with the ability to analyze complex spreadsheets mentally. Others had already been publishing extensively on quality improvement and discordant outcome metrics. Despite our varied backgrounds, as 2017 Health Policy Scholars, we were united by our desire to focus less on billing, coding and RVUs and more on improving the experience of healthcare for all patients, equally. All opinions were encouraged and welcomed, with the ensuing debates enriching our ideas, challenging our assumptions, and leading to stronger collective conclusions. Indeed, this reflected Prof. Chilingirian's excellent 'leadership from the balcony' where we put into practice exactly what we were taught. None of this would have been possible without his co-pilot and Program Coordinator Ms. Linda Purrini who always had the solution to any difficulty that threatened to arise during this course.

Again, I am truly grateful for this unique experience. I look forward to applying my new skills over the year as Health Policy Scholar cumulating in the ACS' Leadership Conference & Advocacy Summit in Washington D.C., 2018. Most importantly, I am excited to continue working with my co-scholars, colleagues and friends to bring our patients access to the surgical care they require and deserve, for a strong and healthy nation, for the benefit of all.

With gratitude,

A handwritten signature in black ink, appearing to read 'Tanya L. Zakrison', with a long horizontal line extending to the right.

Tanya L. Zakrison, MD, MHSc, FRCSC, MPH, FACS  
Associate Professor of Surgery  
Trauma & Surgical Critical Care

**The DeWitt Daughtry Family Department of Surgery**  
PO Box 016960 (D40) | Miami, FL 33101  
Ph: 305-585-1868 | Fax: 305-326-7065  
tzakrison@med.miami.edu