Thomas G. Wharton Memorial Lecture

The Vision for Opportunity

Thomas M. Frazier, CCP *Nashville, Tennessee*

Introduction

MR. IAN SHEARER (Durham, North Carolina): Thank you very much. I am honored to introduce and bring to the podium our next presenter, Tom Frazier.

Tom grew up in Nashville, Tennessee, graduated from Vanderbilt University in 1975 with a Bachelors Degree in Biology. He started off volunteering his time at the Nashville Veterans Hospital and then was accepted into a two-year perfusion training program at Vanderbilt University Hospital.

By 1979 Tom had risen to the level of Chief Perfusionist and was instrumental in founding the Vanderbilt School of Perfusion. He was the Clinical Director of the program for eight years before accepting the position at the University of Tennessee Hospital, Knoxville, Tennessee, from 1987 to 1989. It was then that he received a phone call from the largest cardiac center in Tennessee and was asked to come back to Nashville to work at St. Thomas Hospital. He has continued to work at St. Thomas Hospital for the last 20 years and has been an Active Member of The Academy for the past 21 years. He served as Secretary of this organization from 1995 to 2007 before being elected to serve as this year's President.

It is because of this organization that I have had the privilege of getting to know Tom both as a colleague and a friend. We have shared a few beers together and lots of laughs. Tom's relaxed, good-natured manner just makes him a lot of fun to be around. To me, he epitomizes what it means to be a southern gentleman and he epitomizes the values and ideals of The Academy.

Please join me in welcoming this year's Thomas G. Wharton Memorial Lecturer, our reigning President of The Academy, Thomas Frazier.

[Applause]

Members of The American Academy and invited guests, it is a special honor for me to present the Thomas G. Wharton Memorial Lecture. The memory of Thomas Wharton is

honored each year not only because of his commitment to our industry but more importantly because of his commitment to the Academy. You see, he actually funded the Academy with its first endowment but tragically passed away before its formation.

Two years ago while giving this lecture, President Joseph Sistino reminded The Academy of Thomas Wharton's vision to invest in our profession. Joe's talk was titled, "Investing in Our Future", and he outlined ten rules for doing that. Last year, President Robert Kroslowitz spoke to us about preparing for our future by being willing to change. The title of his talk was "Who Moved My Pump", and he reminded us of the importance of adapting in the face of change. He spoke about enjoying change and learning to do it quickly. The title of this talk is "The Vision for Opportunity", and will expand on those themes by discussing the role that opportunity plays.

This talk is based on a work by Stephen R. Covey titled, "The 7 Habits of Highly Effective People". In it, he reveals principles that give us the power to take advantage of the opportunities that change creates. I will say that again, to take advantage of the opportunities that change creates. But in order to achieve this, we have to first study and understand some principles.

It is not my intention to give you a book report, but rather to talk about five of the seven habits and explore the opportunities they give us as perfusionists.

1 Habit number one is to **be proactive**. We must take the initiative. We must act or we will be acted upon. This applies to everyone from perfusion students (with term papers, school projects, and job applications) on up the ladder to those planning for retirement. To be most effective, we must know what to be proactive about, which brings me to two key terms.

The first term is called our *circle of concern*, which is where we focus our time and energy. As we look at those things within our circle of concern, we can identify some things we have no real control over, and others that we *can* do something about.

It is this latter group, things we *can* do something about, that marks our second term known as our *circle of influence*.

Proactive people focus their efforts on their circle of influence, and as perfusionists, only we can know what our circle of influence is. When we work on the things we can do something about with positive energy, our power within that circle of influence is released. An example for this lies in the answer to a question...How often do I bring the ideas of new technology home to share with my team and enlarge my circle of influence?

Covey calls this "embryonic freedom", and people who exercise it day after day, will release that power. People who do not exercise that freedom find that it withers until they are simply reacting to their circumstances. It is like being on cruise-control, acting out the scripts written by others...in our case by administrators, operating room directors, and industry.

2 The second habit requires that we **begin with the end in mind**. To do this means to start with a clear vision of our destination. When new devices like the Heartmate CentriMag or the Cardiac Assist Impella come along, we must determine where they will fit into our perfusion practice. We have to answer the questions: which team member will be our point person, how will the team be trained, will everyone participate in using it, and do we plan to take it to the cardiac catheterization laboratory? Beginning with the end in mind means to know where we are going so that we better understand where we are now and can take advantage of the opportunity to move in the right direction.

3 The third habit calls for putting **first things first**. This is a lot about time management and deals with things that are not urgent, but are important. It deals with things we know we need to do, but seldom get around to doing, because they are not urgent...like building relationships, long range planning, and exercising. In the words of Peter Drucker, "effective people are not problem minded, they are opportunity minded...they feed opportunities and starve problems".

On a practical level, developing a complete and thorough pump set-up ritual before breaking for morning coffee falls into this category. If the case changes while we are in the lounge, we are in a much better position to seize the opportunity to change our circuit quickly to create optimal outcomes. Putting first things first keeps us ahead of the curve so we can see the opportunities coming.

4 The next habit is to **seek first to understand, then to be understood**. This attitude goes a long way in the operating room. It is called empathic listening with the intent to understand. Empathy is not sympathy. Its essence is not agreement with the other person; it means that you understand the other person, emotionally and intellectually. It gives them "psychological air". After that, you can then focus on influencing and problem solving.

In our profession, patient safety can be threatened when there are problems with communication and information flow. It can actually be tempting, in the face of insults and negative energy in the operating room, to become "maliciously obedient" and do exactly and only what we are told to do, accepting no responsibility for results. If we remain fixed in this mindset, we lose an opportunity to make an attitude change that could benefit both our work environment and our patient.

When it comes right down to it, other things being equal, sometimes the human dynamic can be just as important in the operating room as the technical context of the moment.

5 The fifth and last habit is one of the most important ones to master, and it is called **synergize**. What is synergy? It means the whole is greater than the sum of the parts. It means the relationship that the parts have to each other is a part in and of itself. A great deal of synergy is within our circle of influence.

We can be synergistic within ourselves even in the midst of our own stressful operating room environment. We do not have to take insults personally. We can sidestep negative energy. We can look for the good in others and utilize that good to improve our point of view and enlarge our perspective.

I think we can all remember an emergency situation in the operating room when everyone cooperated to an unusually high degree and repressed their ego and pride in an effort to save a patient's life. To people outside our industry, such an event would seem unusual or even miraculous. To most of us, these situations occur regularly but they demand an enormous amount of confidence. Unless we have a high tolerance for ambiguity and get our security from well grounded principles, we could find it unnerving

and unpleasant to be involved in this creative enterprise we call perfusion.

The practice of these habits is a good investment in our future. They also prepare us for the challenge of change and give us the tools to seize opportunities for improvement.

How do we make the shift from viewing change as an inconvenience to seeing it as an opportunity? The fact of the matter is that in order to have the ability to change, we must first come from an unchangeable core of correct principles. This is where these habits work for us. It is then that we are able to honestly look at our own paradigms, or perception of reality. It is not until then we can ever hope to make a "paradigm shift".

I refer now to a work by Thomas Kuhn in his book, The Structure of Scientific Revolutions where he introduced the term, paradigm shift.² In it he shows how almost every significant breakthrough in science is first a break with tradition, with the old ways of thinking, with old refers paradigms. Kuhn to this "transformations of the paradigms", and the successive transition from one to another is the usual developmental pattern of mature science. For Ptolemy, the great Egyptian astronomer, the earth was the center of the universe. But Copernicus created a paradigm shift by placing the sun at the center. Suddenly, everything took on a different interpretation. Other examples include Newton's model of physics, Einstein's relativity paradigm, and the germ theory. All of these men had the vision to grasp the opportunities that their change would create.

Not all paradigm shifts are in a positive direction but they move us from one way of seeing things to another. By altering the lens through which we see them, these shifts create powerful change. With an unchangeable core of correct principles, we can tap into this power, and begin to see change differently.

In closing, I have made these five habits the theme of this talk because they not only support the message to invest in our future, but they also give us the confidence to adapt in the face of change. Let me be clear, I am not challenging you to change. I am asking you to examine the principles that can give you the power to take advantage of the opportunities that change creates.

Thank you.

References

- 1. Covey SR. *The 7 Habits of Highly Effective People*. New York: Simon and Schuster, 1989.
- 2. Kuhn TS. *The Structure of Scientific Revolutions*. Chicago and London: The University of Chicago Press, 1996.