

Women Leadership in Cardiology

2019 SOUTHEASTERN WOMEN IN CARDIOLOGY CONFERENCE

April 7, 2019

**The Grand Hotel Golf Resort & Spa
Fairhope, Alabama**

**Mary Norine Walsh, MD, MACC
Medical Director, HF and Cardiac Transplantation
St . Vincent Heart Center
Indianapolis, IN**

**Past President
American College of Cardiology**



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My Journey



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Overheard at a recent meeting

‘An individual in a leadership role’



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‘An individual in a leadership role’ is
generally someone with authority and probably
a title of some kind



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‘An individual in a leadership role’

VS

A leader



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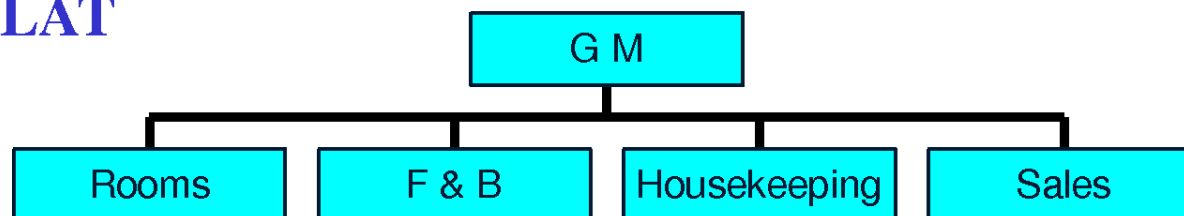
Mary Norine Walsh



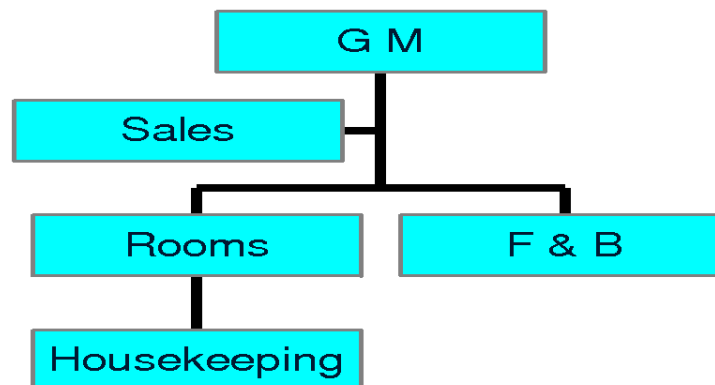
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Flat vs. Tall Organizational Structure

FLAT



TALL



Medical School Hierarchy

- **Clinical Professor, Instructor, Lecturer, Research Associate, Research Professor**
- **Assistant Professor**
- **Associate Professor**
- **Professor**
- **Distinguished and/or Endowed Professor**



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St Vincent Medical Group Cardiology

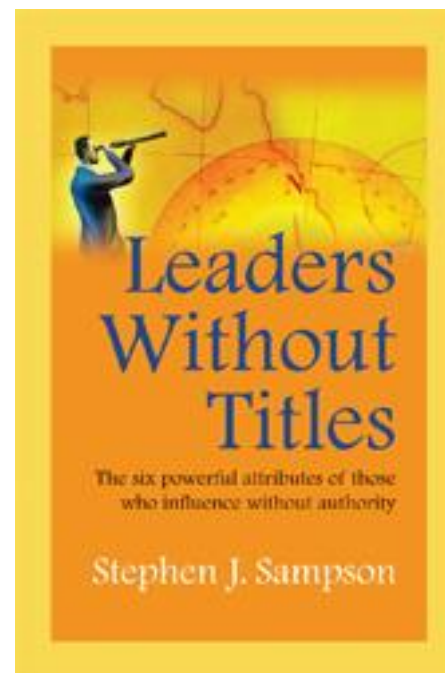
James H. Adlam, MD, FACC
Michael W. Ball, MD, FACC
John R. Bates, MD, FACC
Brian C. Bigelow, MD
Nancy A. Branyas, MD, FACC
Duncan C. Brindley, MD, FACC
Dennis K. Dickos, MD, FACC
Michael D. Elliott, MD, FACC
Gregory B. Elsner, MD, FACC
Julie K. Fetters, MD, FACC
Richard I. Fogel, MD, FACC
Andrew M. Fouts, MD, FACC
Edward T. A. Fry, MD, FACC
Frank J. Green, MD, FACC
Jack J. Hall, MD, FACC
Clifford C. Hallam, MD, FACC
James B. Hermiller, MD, FACC
J Stanley Hillis, MD, FACC
Zachary I. Hodes, MD, PhD, FACC
Prakash N. Joshi, MD, FACC
Kamthorn S. Lee, MD, FACC
Elaine K. Moen, MD, FACC
Tony K. Nasser, MD, FACC
R. Joe Noble, MD, FACC
Jeffrey A. Olson, DO
Charles M. Orr, MD, FACC
Benzy J. Padanilam, MD, FACC
Kirk L. Parr, MD, FACC
Thomas F. Peters, MD, FACC
Douglas E. Pitts, MD, FACC
Eric N. Prystowsky, MD, FACC
David P. Rardon, MD, FACC
Janet S. Rippy, MD, FACC
Donald A. Rothbaum, MD, FACC
Thomas P. Schleeter, MD, FACC
John J. Schutzman, MD, FACC
Matthew J. Scozzaro, MD
Martin R. See, MD, FACC
Douglas S. Segar, MD, FACC
Michael L. Smith, MD, FACC
Leonard A. Steinberg, MD
Joseph E. Steinmetz, MD, FACC
William R. Storer, MD, FACC
Charles P. Taliercio, MD, FACC
Morton E. Tavel, MD, FACC
James W. VanTassel, MD, FACC
Bruce F. Waller, MD, FACC
Mary N. Walsh, MD, FACC
David Wrobleski, MD
King G. Yee, MD, FACC

Influence vs Authority



The six attributes of those who influence without authority

- **Intellectuality**
- **Sociability**
- **Emotionality**
- **Personability**
- **Physicality**
- **Morality**



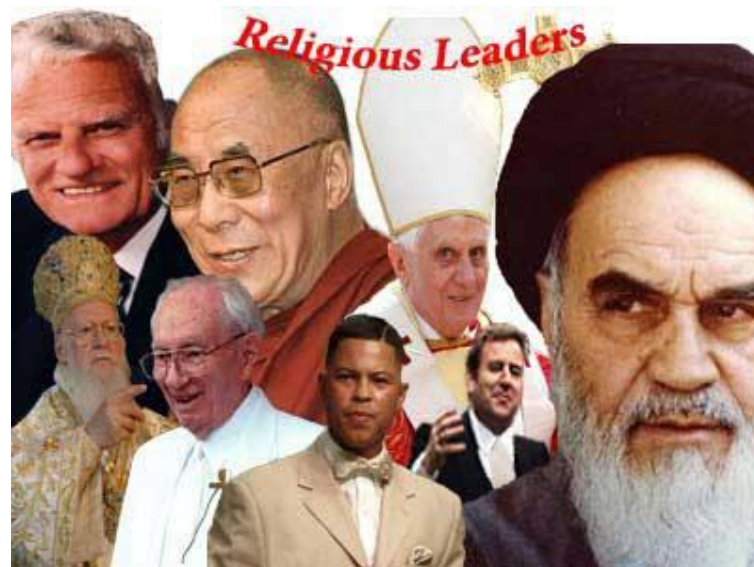
The six attributes of those who influence without authority

Intellectuality: Individuals who think outside the norm of thinking by developing or conceptualizing ideas or logically processing information, including doctors and teachers



The six attributes of those who influence without authority

Sociability: Anyone who can engage others without fear or anxiety, is rarely at a loss for words and exhibits communication skills that draw others to them, such as politicians and religious leaders



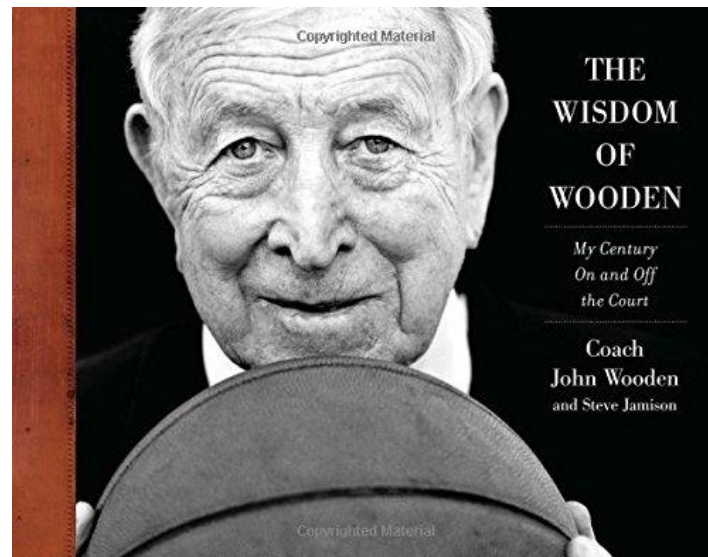
The six attributes of those who influence without authority

Emotionality: Individuals who can use emotions to move others, such as motivational speakers and sports coaches



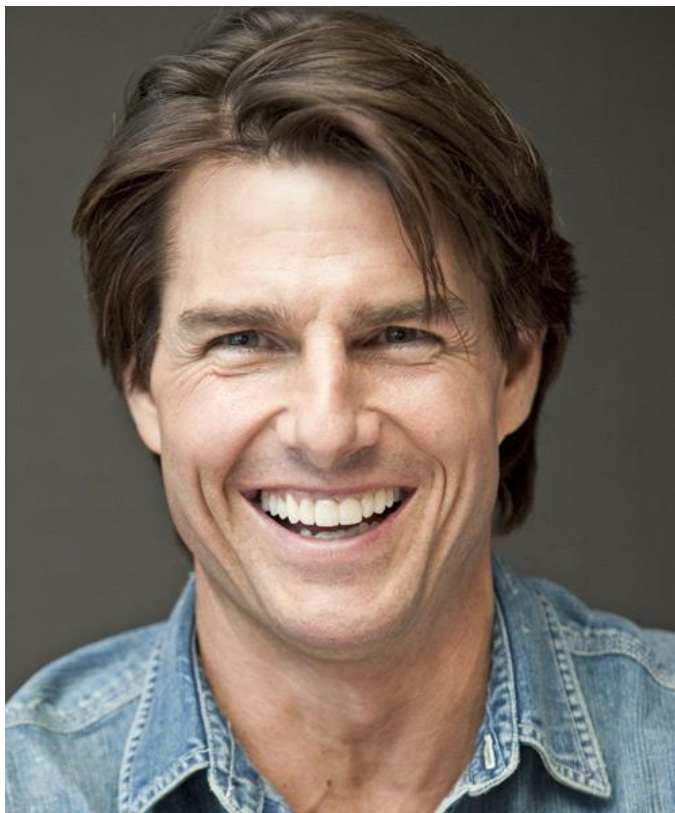
The six attributes of those who influence without authority

Personability: People who are approachable, unselfish, real and unassuming, such as UCLA coach John Wooden and retired Supreme Court Justice Sandra Day O'Connor



The six attributes of those who influence without authority

Physicality: A person seen as physically powerful, attractive or healthy—such as an athlete or movie star.



The six attributes of those who influence without authority

Morality: A person who knows and applies the principle of fairness and goodness vs. evil and unfairness in how they conduct their life, including Rosa Parks



Clinical Excellence = Leadership

- Know what you are good at
- Figure out what you don't do well
- It's never too early- or too late
- to start this self-inventory
- Ask others for feedback
(peers, faculty,
spouse/partner, friend)



Whatever you are, be a good one.
Abraham Lincoln

Being a Clinical Leader

- **You might not be the top dog, but you can breathe down the top dog's neck**
 - Know the guidelines - cold
 - Follow the literature – closely
 - Do CME in your area
 - Introduce yourself to leaders in the field



Leadership and learning are indispensable to each other. —John F. Kennedy

Understand the Healthcare Landscape

- **Read more than the medical literature**
 - *Health Affairs*
 - *Medical Economics*
 - *Cardiovascular Business*
- **Understand the ACA, MACRA, ACO, etc**
- **Understand the business of medicine**
 - Reimbursement
 - Coding
 - Billing
 - Contracting

Become a Quality Improvement Leader



My Journey

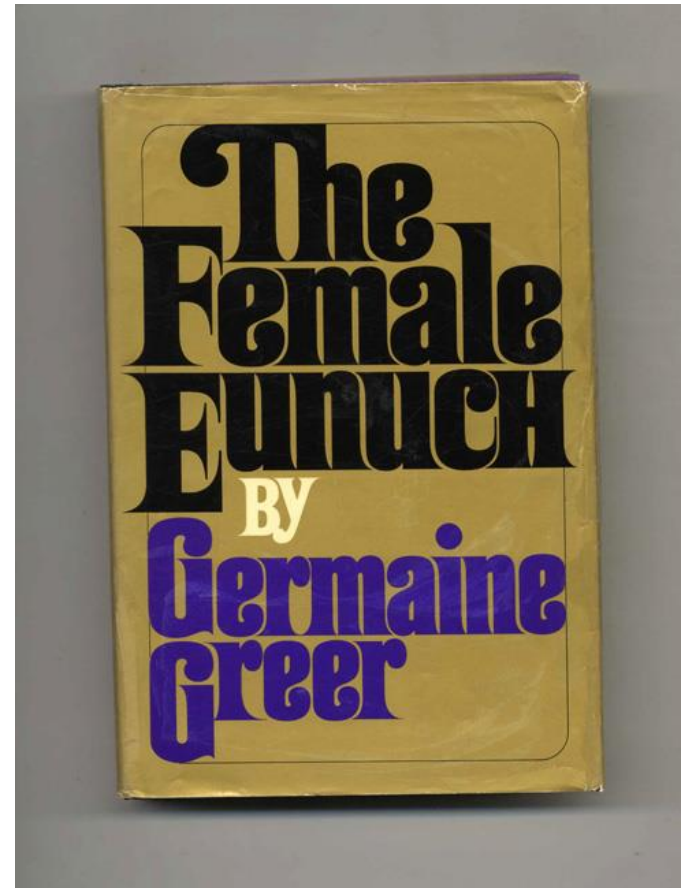


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Medicine

The Living Heart

Michael DeBakey, M.D. and Antonio Gotto, M.D.
McKay, 256 pp.
Clothbound, \$14.95

Reviewed by Minnow Walsh

It has been said that the best place in the country to have a heart attack is in Seattle, Washington. Owing to widespread training in the techniques of cardiopulmonary resuscitation, the number of citizens able to save the life of a heart attack victim is rapidly reaching one hundred percent of that city's population. On the other hand, if your needs run more along the lines of cardiovascular surgery, the only place in the world to be is Houston, Texas. Because that is where Dr. Michael DeBakey is.

DeBakey is widely accepted as the world's foremost cardiovascular surgeon. He has invented more than fifty surgical instruments, performed over fifteen thousand critical cardiovascular operations and in 1948 he became the head of the department of surgery at the Baylor College of Medicine in Houston. Almost singlehandedly he convinced Texas millionaires that Houston should become "the heart capital of the world," and has since invented a wide variety of mechanical devices to aid in the event of heart failure. Now, to add to his long list of credits DeBakey, with coauthor Dr. Antonio Gotto, has written *The Living Heart*, a cardiology textbook for the layperson.

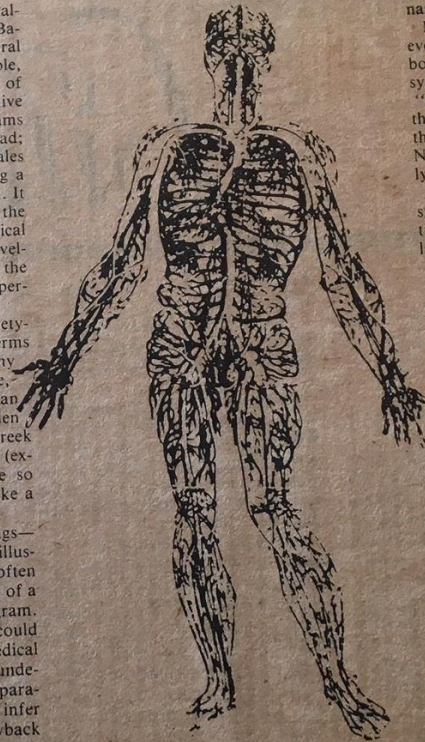
The most absorbing aspect of *The Living Heart* is its historical perspective. The entire first chapter deals with early developments in the field of medicine, beginning with findings of the Alexandrian physician Erasistratus, the first recognized anatomist, and concluding with a 1928 treatise on angina pectoris

(chronic chest pain). This chapter is essentially a medical timeline. Later in the book DeBakey and Gotto include the history of several diagnostic tools. In 1893, for example, Willem Einthoven of the University of Utrecht began work on a very primitive method of measuring electrocardiograms (EKG's) with electrodes and quartz thread; and before 1828 the Reverend Stephen Hales had measured blood pressure by inserting a glass tube into an artery on a horse's neck. It is just this historical perspective that gives the reader some idea of the great need for medical research. In particular, the chapter on development in cardiovascular surgery sets the stage for later discussion on why various operations of this kind are performed.

An interesting plus to the book are the etymological definitions of many medical terms in the text, along with explanations of why each term is apropos. For example, "aneurysm" (a ballooning of the walls of an artery) comes from the Greek word to widen or dilate. Stethoscope comes from the Greek *stethos* (chest) and the French *scope* (explore). And the coronary arteries were so named because they encircle the heart like a crown.

The book, however, has its shortcomings—many of them. Although the numerous illustrations it contains are very detailed and often in color, there is not a single photograph of a real heart. Or of an actual electrocardiogram. The glossary—what there is of it—could easily be twice as long. Much of the medical terminology used in the book is left undefined, leaving us to blunder through paragraph after paragraph trying to infer definitions by context. The major drawback of the book, again, is not what it contains, but what it lacks. In all their talk about coronary artery disease, heart attacks, sophisticated surgical techniques and instruments, the authors never once mention anything about the "first aid" for a heart attack victim. The most dangerous period following a heart attack is the first two hours immediately after the attack. The authors choose to brush this off with: "Unfortunately, unless the arrhythmia occurs in a place where cardiopulmonary resuscitation can be provided immediately, there is little hope of survival." Not a word about where one might go to get training in this simple technique.

While reading *The Living Heart* I found myself questioning DeBakey's motives in



Sixteenth-century drawing of the cardiovascular system from the book *De Humani Corporis* by Andreas Vesalius (Courtesy Bettmann Archive)

writing it. Along with his reputation as a brilliant surgeon, Michael DeBakey is known world-wide for the esteem in which he holds himself. Still, I find it somewhat self-serving that his name appears throughout the book more than that of any other physician. There are pictures of the "DeBakey" pyrolytic carbon prosthetic valves, the "DeBakey" left ventricular bypass pump and many detailed descriptions of DeBakey's speciality—the car-

otid endarterectomy. DeBakey's coauthor's name is conspicuous by its absence.

My major contention with this book, however, is that it is not what it claims to be. The book is touted as a guide to the cardiovascular system for the public. The dust jacket states: "The Living Heart takes a giant step toward the prevention of heart disease by providing the layman with a better understanding of the No. 1 killer" (italics mine). This, unfortunately, is false advertising.

DeBakey and Gotto start off at a very leisurely pace. Early in the book their explanations of the various systems of the body are largely metaphoric:

Think of the body as a continent packed with billions of people, the equivalent of the cells that make up a human being. Without adequate nourishment and sanitation, these billions will die and the continent will become lifeless. A steady flow of trucks, represented by the bloodstream, carry oxygen, water and foodstuffs to the cells and haul away waste over 60,000 miles of roadway, the extent of the blood vessels in a normal adult.

Later in the book, however, there is a marked shift in style:

The left ventricular bypass pump takes oxygenated blood from the left atrium, and pumps it back into the arterial circulation by a connection to the ascending aorta of a major peripheral artery such as the femoral or axillary artery. Left atrial pressure, pressure in the left ventricle and pulmonary congestion are reduced. Blood may be pumped during diastole, when the aortic valve is closed, to increase perfusion of the coronary arteries and aid in the recovery of the damaged myocardium.

By the end of the book both DeBakey and Gotto seem to have forgotten who their projected audience is. Granted, many of the above anatomical terms are defined fully in the glossary. But to expect the lay reader to scan the latter paragraph and come away from it with anything more than a vague understanding is asking a great deal. *The Living Heart* is essentially a review of the anatomy and physiology of the heart, along with a good portion of current cardiovascular surgical techniques. If the authors are offering it as a primer, they're kidding themselves.



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KEEP
CALM
AND
JUST OWN
IT

Remember: You don't need a title to be a leader

- Authority is not synonymous with leadership



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