

## + BEYOND THE MASK: Interview with Dr. Michael Sullivan

Interviewed by Dr. Jane Cooke-Lauder, BA, MBA, DM, CMC, BTM Strategic Consultant, and Emily Hill, the Section's Administrative Coordinator

Mike Sullivan's exuberance is catchy. His belief in the art of the possible, an acknowledged legacy of having grown up in a more optimistic time, shines through his nuanced understanding of the current environment. His career bears witness to his love of new challenges, to the joy of being involved – his default response being: “why wouldn't I?” – and to the strength of the collegial relationships he has forged over the years. Having filled many of the more traditional anesthesiology leadership roles at Southlake Regional Hospital in Newmarket, for example, as Anesthesiologist-in-Chief, he broke new ground as the first physician leader of the surgical program at Southlake. He was instrumental in establishing the Southlake cardiac program – during what he

describes as the ‘sweet spot’ of his career – the opportunity to imagine, plan and birth what has become the fourth largest cardiac program in the province. Current leadership roles include Past Chair of the anesthesiology specialty committee at the Royal College, serving as a Councilor for the CMPA and acting as the Central LHIN's Critical Care Lead. We enjoyed a wide-ranging conversation with Dr. Sullivan, key elements of which have been summarized under the following four themes:

Firstly, *when starting your career, put strong fundamentals in place.* Be thoughtful about where you choose to practice. Dr. Sullivan started his career during a time that anesthesiology was an at-risk specialty. There was a great deal of anxiety as to what the future might hold. Even though the lines were blurring, there was still a big divide between practicing in an academic versus a community setting, “I made the choice to move to a community based practice as it felt to me that I would have more control over my life.” Starting his career in Newmarket, Dr. Sullivan elaborated on the benefits of being part of a smaller setting, “It allowed for growth. I was able to see the impact that I made, which may not have been as easy when part of a big system where you are more like a cog in a wheel.”

Be thoughtful also as to with whom and how you start out as a professional. Dr. Sullivan commented on the quality of the medicine practiced by the small and collegial group of anesthesiologists at Southlake that he joined as the eighth member. Through their professionalism, they modeled and encouraged him to adopt an attitude of ‘professional citizenship’, a commitment to take responsibility to improve the profession both from a self-interested but also a broader interest perspective. “Four years of medical school and four years of residency are followed by 34 years of practice”. He counseled against a locum model from the standpoint of it not encouraging a commitment to any one place or group of colleagues with the concomitant opportunities to get involved.

*Continue to be curious, relationship oriented and striving to improve.*

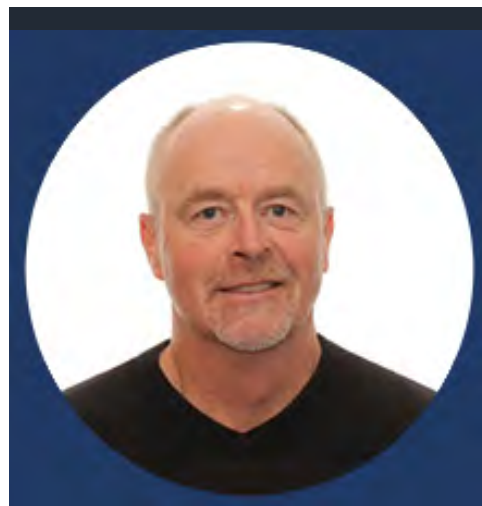
Dr. Sullivan observed how important it is when making decisions, especially early in your career, to think about your whole career and the years that lie ahead. Early on, he was asked to be an oral examiner by the Royal College, an honour not typically bestowed on a community physician at that time. Even though there was no financial gain, Dr. Sullivan describes how being in this role led to his being noticed and to other interesting opportunities opening up. The key was having the right attitude: being curious, interested, making himself available and being determined not to fail. From a very small initial role, Dr. Sullivan describes meeting and working with a truly amazing group of people – leading to anesthesiology becoming one of only two specialties selected by the Royal College to pilot the new competency development education model.

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Anesthesiology for Dr. Sullivan, is an integrated and multi-faceted practice. He speaks with pride of the many ‘firsts’ to which anesthesiologists can lay claim: the first critical care physicians, the first bronchoscopy, first in pain medicine. But he is frustrated with what he describes as the ‘failure to fail’ education model. “As great as they are, our training programs don't create that passion to be better. It is almost impossible for anesthesiologists to self-assess, in terms of what we need and where we need to go. We need to ask ourselves, how can we build a better anesthesiologist? How can we build people who are hungry to be better?” He answers his own question by encouraging anesthesiologists to hold true to their excellent training by going beyond the critically important – yet familiar - work in the OR, to testing and continuing to develop themselves outside of the OR, regardless of the associated disincentives.



### *Embrace complexity with all its messiness*

Dr. Sullivan is of the opinion that: “There is a lot of good leadership in medicine, but there is a greater requirement for good leaders than there are positions filled.” There are certainly few tangible rewards for stepping forward. Leadership responsibility in the health system today requires working with decisions that are not necessarily favourable in the immediate to you or your stakeholders’ interests. Leadership requires taking the long-term perspective, and letting go of the familiar. “No longer being ‘masters of our own circumstances’ i.e., the immediacy and familiarity of the OR space, can – and will - result in messy situations where we may run up against difficult people” and so may not always be successful. Earning the respect of other healthcare professionals such as the surgeons and understanding their issues and values is critical to success. Dr. Sullivan counsels continuing to make yourself available. “Anesthesiologists are great doctors and must be involved in making decisions in the broader system”. Develop what he calls a ‘congenital inability to say No’. Create the space and watch the opportunities emerge. Notwithstanding the above, Dr. Sullivan also acknowledges how hard so many of his colleagues are working and the extent of the energy necessary to make these shifts by stepping outside of the OR, especially at a time when physicians generally are feeling beleaguered.

### *And finally: Acknowledge the many types of contributions that enable success*

Dr. Sullivan recognizes that the core work of leadership isn’t for every physician, but there are other ways to contribute, “It is not whether you have a named position, but that you find a way to contribute to making your specialty better, is really a central concept. You don’t have to be going to the meetings to contribute to the meeting. The fact that my work partners were willing to change their call, help me get out early, trusted me to be involved in this kind of stuff was just as important as being in those roles. Those types of environments are critical and I’m blessed with the people that I have had the opportunity to work with.” Followership is critical to enabling leaders to be successful. Mentorship is another significant contribution. At minimum, Dr. Sullivan encourages all more senior anesthesiologists to help young physicians to see their contribution. Not all physicians will focus exclusively on making the specialty better and there are definitely a range of different ways to contribute at different points along the career path. Contributing to other charities and causes is wonderful. Not contributing to your specialty in Dr. Sullivan’s view, is simply not acceptable.

As a Section, we are so appreciative of the work undertaken by anesthesiologists like Dr. Sullivan. We thank Dr. Sullivan for his continued efforts to build a system in which anesthesiologists can be more effective and influential. We admire his mentorship and inspiring optimism for change and we look forward to hearing more about his remarkable endeavours.

## Beyond the Mask: Join Our Working Group!

The Beyond the Mask (BTM) initiative has had another successful year and saw remarkable traction with our 2017 projects. While the working group will continue to support the ongoing Choosing Wisely and Chief Hub deliverables, we will also be looking at implementing **new projects** for our 2017-2018 year, with a focus on three major themes:

1. **Leadership and Capacity Development:** Make available a robust set of leadership development options together with an evaluation framework
2. **Working with External Stakeholders:** Deepen relationships with key provincial and national organizations
3. **Working with Members:** Strengthen perception of Anesthesiologists’ value among healthcare colleagues, particularly perioperative care team members



*Congrats to our BTM Working Group for all their hard work and success over the years, pictured above at our recent annual in-person meeting*

If any of the listed three themes resonate with you and your interests, our **BTM Steering Committee is currently recruiting for new working group members**. Please email our administrator, Emily, if you would like more information and/or are interested in joining an upcoming project meeting. Our success is only possible by the hard work of active and engaged members. We thank all the wonderful anesthesiologists who’ve contributed to our various projects to date!

**Request for Submissions:** The Ontario’s Anesthesiologists’ Newsletter is looking for submissions from our members. If you would like to contribute an article, promotional piece or general information to the newsletter, please email us