

Ladies and Gentlemen, family, friends, and colleagues:

It has been an enormous privilege and honor to serve as your President for the past year. I am humbled and appreciative.

As we are all too familiar, during the past few years health care has undergone seismic shifts requiring us to rethink how surgery and in particular transplant surgery will be practiced and the environment this will take place in. Concurrent with this have been changes in our approach to both research and education.

The role of societies such as ours has evolved with this shifting landscape.

What I would like to share with you today are my thoughts and insights formed over the past year. More specifically, I'd like to describe what I think our Society's path is, where we have come from, where we are today, where we may be going, and possibly most importantly, who might be taking us there.

Those who have worked with me for over the past 25 years are very familiar with a phrase I like to use, particularly in the operating room: that it is imperative that we stay on the path. It is during operations that I implore our fellows to stay on the path and to not deviate to the extent that is possible. We do it the same way every time...

Occasionally, despite their well-meaning suggestions and generous advice, I do have the occasion to remind them there is a right way and a wrong way to do things and I try to encourage them to do as they are told. When faced with a tough case, any of us can get off the path and into areas that can be quite treacherous. It is during that time that we need to fall back on our surgical foundations and do all that we can to get back on the right road.

Unfortunately for those who are unable or unwilling to heed this advice, getting too far from the path can lead to unfortunate and often times unpleasant consequences.

The concept of staying on the path is also one that we can use in many aspects of our life, both personal and professional. We all come to many crossroads in our lives, whether it is to get married, have a family, become a vegetarian, or work harder at communicating. Similarly, during our professional careers we will have numerous decisions to make. This begins early on in medical school. What will be our residency choice, and once we've completed our training do we want to go into academic or private practice? Then once we begin our careers, opportunities may arise and hopefully for many of us we have the courage to follow those dreams and take the plunge.

What about the America Society of Transplant Surgeons? Where are we; what path is our Society on; and what does the future hold for us?

Before we look too far ahead, it's critical to see where we have come from. Numerous challenges have been faced and overcome, many of them quite daunting. There might be some regrets... but we have arrived here today extremely strong.

The Society has made tremendous strides over the past 40 years. 40 years ago transplantation was a fledgling field that required a unique group of surgeons to get together, often in a single ballroom at the Drake Hotel, and share with each other the current successes and ongoing challenges. Our forbearers created a Society with a focus on three major pillars: transplantation science, training, and advocacy.

Now that was a long time ago, and I think that for many of us here today this was before we entered our professional careers (or possibly were born!), so I thought I would start with a little more contemporary history. My first year as a councilor for the Society began in the summer of 2006. And at that time the Society was facing many challenges and conflicts both internally and externally. Arthur Matas as the new president of the Society, fully cognizant of this, decided it would be constructive to assemble the Council and the thought leaders in the profession to a retreat in New York City in the late summer of 2006. I had a chance to review the minutes (thank you Kim Gifford) to remind me of the tone and conversations of that day.

There were many areas of discussion, but I will focus on what I believe were the four major ones. One of the first topics was the Society's finances. Mike Abecasis in his role as Treasurer explored our current financial position and threats to it. Traditional financial support was changing, governmental intervention was going to reduce or eliminate much of that. Discussions revolved around how much money the Society needed to operate on, our "burn rate," and how much money could we make directly on the various activities that we owned. How could we create a savings account or foundation so that eventually, if necessary, the Society would survive on the interest of those investments and businesses alone?

We then had discussions about the American Transplant Congress. While the congress has been very, very successful, there were still disagreements about ways the profits from those meetings should be distributed between our two societies and even whether it would be beneficial or not to have our own meetings separate from the American Society of Transplantation.

Peter Stock as the chair of the Fellowship Training Committee brought up many of the same concerns we face today. He shared with us the number of American residents going into the fellowship training programs, the quality and character of the various programs, and potential workforce issues.

Lastly, maybe one of the most highly charged conversations revolved around a 10-member task force exploring future joint ASTS/AST ventures and in particular merging with the American Society of Transplantation into a single society. This was an area that had been discussed for many years prior but was also being brought up once again for serious consideration.

As always the discussions were thoughtful, sometimes passionate, but always revolving on what was best for the Society.

Over the past eight years a lot has happened. We did not decide to get married to the American Society of Transplantation, but the really great thing is that we have developed into terrific friends and the relationship has been constructive and helpful to both our societies. Under Dr. Abecassis' guidance as Treasurer, and myself following in his wake, and Tim Pruett now holding the current financial reins, the Society has embraced the new fiscal environment. We have developed successful investment strategies and business opportunities such as the ATC, *American Journal of Transplantation*, and Leadership Development Program to help underwrite the Society's activities. We have restructured our spending patterns.

Lastly, we have continued to work on our fellowship training. We have the match; we've had a variety of iterations of how to accredit fellowship training programs; and the fellowships are beginning to evolve into more structured, educational-based experiences. We have the Academic Universe, an online educational tool that can be used by fellows, residents, and students.

I would add that during the past eight years we have been able to eliminate many distracting conflicts and the Society has been able to focus on its core activities and explore new ones. This was reflected so nicely in Dr. Olthoff's presidential address last year when she strongly demonstrated to us the value in not just being an American Society but thinking about what our global role might be.

Following the end of our May Council meeting in Seattle in 2013, as I began to feel the full weight of my new duties as President, I started taking an inventory of the various current and potential activities the society could or would be engaged in. Transplantation has now branched out into so many areas and has so many different entities affecting us, as reflected in this slide.

It was clear we could not address every issue with the same vigor. We needed more direction to better align our priorities with our resources. As a Society we have to acknowledge that while we may be very high functioning, we are a relatively small organization with finite monies, time, and personnel.

We would need to make choices in terms of the direction we would head. As a first step and after discussions with the Executive Committee and Kim Gifford, we thought it would be very sensible to have a strategic planning meeting. This strategic planning meeting took place in August of last year. As a first step we refined our mission statement to one that was more coherent and better aligned with our activities: **To advance the art and science of transplant surgery through leadership, advocacy, education, and training.**

Using our mission statement as a guidepost, we focused on four major areas: advocacy, our relationships with the government and other entities (and this has taken on major importance as regulatory oversight continues to consume so much of our time); we continue to refine our approaches to transplantation research and specifically considering the role of organ donor-based research and re-thinking what an academic surgeon looks like today versus 20 years ago; patient care will always be a central focus; and lastly we spent quite a bit of time on training and professional development and specifically fellowship training.

We now have a five-year plan that has been rolled out to the membership and that is being operationalized. That was the just beginning of the year's work.

Before I move on, I also wanted to take a moment to share some of the Society's important activities from this past year.

None could be nearly as exciting as the signing of the Hope Act into law, legalizing the use of HIV positive organs in HIV positive recipients. This piece of legislation was shepherded through by the ASTS and a variety of other organizations. Peter Stock, Dorry Segev, Brian Boyarsky, and our legislative team led the ASTS. Here President Obama signs the Hope Act into law with Peter and Dan Salomon looking on.

One of the more unexpected and thrilling activities of the Society this past year was an exploratory meeting with the National History Museum at the Smithsonian Institution. We have engaged them and their curators in the idea of creating a transplantation exhibit. As part of our visit they allowed us to go in the back room areas to look at the archived medical devices and historical items they have in place. As you can see here, this is an area of great interest to myself. This is the cover of the original *Time* magazine featuring Alexis Carrel and Charles Lindbergh and the organ preservation device that they had developed.

The Society has continued to refine and improve already great standing meetings. The Winter Symposium remains one of our most popular and successful events. It is smaller and more intimate. This is organized and run by our Vanguard Committee. This committee is composed of the young leaders of our society.

The Leadership Development Program is now in its fourth year, and its partnership with the Kellogg School has allowed many transplant surgeons and other health care professionals to learn the skills needed to function in the business world of transplantation. Now we even have an advanced course that is graduating its first class.

One of the most interesting and exciting activities was a workshop exploring incentives for increasing organ donation. This was held with our partners, the American Society of Transplantation. It was a meeting attended by not just members of our two societies but also experts in ethics, economics, the law, and health care delivery.

Our goal was to use this workshop to inform and guide us as to what are the ethical, legal, and practical ways to move the dial on this difficult issue while working within the ethical construct of the Declaration of Istanbul and legal limits of NOTA. Dan Salomon and myself, as well as the steering committee, are in the process of completing a white paper on the proceedings.

But as I step back from these and other accomplishments from the past year, I asked what is our core pathway, what is at the heart of what it is we do as the ASTS? What defines us? What do we do that nobody else does?

For those of you who engage in yoga, you understand that getting to your core or your chakras is critical. There are 7 chakras, but I would suggest to you that the root chakra, the muladhara, the one that gives us stability and strength, the one that keeps us grounded, should be our focus.

While Dr. Olthoff elegantly explored the idea of looking outward and taking a path toward the rest of the world. I would suggest that much of the future of our Society also rests with a look inward, toward our root, toward our core....

As you can see, in our strategic plan we have four areas of focus, but I would suggest that our root chakra is training and professional development. This is something that we own, this is something that nobody else does and is the one area that we don't share.

I believe that by focusing on this not only will we continue to enhance the profession by training great transplant surgeons but it will also be the Society's muladhara. Our strength and stability.

The training of our transplant fellows rest solely with us, for now; it's something that we own and something that we have to protect. So we can't continue to tweak fellowship training and ignore or underestimate outside forces that could impact our training programs. A contemporary framework is essential.

There is no question that there are other regulatory bodies that are taking interest in how we provide oversight to our training programs, and we are all familiar with them, whether it is the ACGME, American Board of Surgery, the Fellowship Council, or just our own institutional GME offices or departmental educators. Much of this interest is not threatening or negative, as they recognize our capacity to innovate and are looking to us to lead.

When I met with Frank Lewis, the Executive Director of the American Board of Surgery, he expressed his concern that 80% of graduates from American general surgery programs are entering fellowships, many of which are non-ACGME approved and outside the Board's control. He expressed support and confidence in our efforts.

We know that change is needed to remain relevant and credible. If we do not take a proactive approach, the training model will degrade and we could eventually be viewed as a marginal fellowship.

And lastly, to be successful and to have accredited training programs, we will need to inform and educate our program directors as well as seeking input from them as how to successfully operationalize these efforts.

So our options are quite clear: we can do nothing and leave our fellowship training programs as they are—they are probably okay today. The fellows that we train and educate are quite capable and most of them are exceptional. However, it does risk irrelevancy; if we do not enter some level of mainstream training, we can suffer from identity theft from other regulatory bodies.

We certainly don't want the ACGME to control us. Currently the ACGME absolutely lacks the flexibility that is necessary for training in transplantation. The sort of environment that is necessary for us to train our fellows and for us to exist does not lend itself to that type of overbearing regulatory oversight.

The Fellowship Council is a wonderful entity, but it deals with a number of other non-ACGME fellowship training programs such as MIS, Breast, Thoracic, and HPB. We would be just one among many, and we will be obligated to follow many of the rules and regulations that apply to many of the different training programs, and it would lack the flexibility required.

And lastly, **WE**, the American Society of Transplant Surgery, who else can do this better, who else can define how programs should be accredited? We are the subject matter experts; we know this better than anyone else and we have been doing it for the longest amount of time. We also recognize are unique components to training.

There can be no question as this HBO movie that so nicely documentedthe donor and recipient experience... there are unique situations we engage in in transplantation. Most people involved in surgical education and training do not understand the true nature of our profession. It is not that we are necessarily better or we are worse, but at the end of the day we are different. The issues that we have to deal with, particularly with organ donation, the stewardship of these organs, and the regulatory oversights we have, are quite unique to us.

Again, no one is better suited or should be leading this effort than the ASTS. So what are we doing about this?

This all began in earnest about two years ago, just after Kim Olthoff began her term as president and myself as president-elect. We sat down and thought about areas we could partner in and shepherd through our two years. We both agreed that fellowship training was ideal. This eventually led to a conference call between Kim Olthoff and Kim Gifford and Wendy Grant, who was the co-chair of the Fellowship Training Committee, and myself. Then with Doug

Farmer, as chair of the Fellowship Training Committee, we put in motion a process that we hoped would help lead to cultural reform in our training structure.

This has resulted in a focused strategic plan for fellowship training that revolved around engaging program directors and membership leaders and then moving the training programs into what I would consider a modern era. The fundamental goal of all this was to have credible accreditation of all programs and eventually certification of our fellows.

The details as to how we did this is as follows.

First we began by surveying all program directors, asking them their opinions on a variety of topics such as work hours, training metrics, are we training too many people, etc., and then used that information to inform our discussion at a program directors meeting held about 18 months ago. Almost every program was represented. We took the work product from this meeting and developed a 5-year strategic plan, the results of which I will share with you in a moment.

We just had a follow-up program directors meeting last month to inform everyone of our progress and get more input. We have now updated the strategic plan to reflect accomplishments and better define our next steps.

To begin with: Our vision is for the ASTS to be the accrediting and certifying body for transplant surgery and ensure training of future generations of transplant surgeons.

So in terms of our deliverables, I think we have made tremendous strides in just a year and a half!

WHAT HAVE WE DONE?

- ✓ Revised training paradigms (May 2013): We now have three basic training tracks, kidney only, liver with kidney, and liver alone...no more alphabet soup. Programs can add certificates of added qualification in other specific areas such as pancreas, small bowel, and HPB.
- ✓ Updated program requirements (May 2013): The entire TX milieu, if you wish. Total transplants, educational environment.
- ✓ Created fellow assessment tools/evaluations (pilot program established in May 2013): We now have competency-based milestones that will be completed every six months, operative and knowledge based goalposts.
- ✓ Developed a qualifying exam (154 questions written June 2014):
 - ✓ This was a 2-day meeting where 14 members reviewed, edited, and sometimes discarded exam questions. These questions may be used as an in-service exam or possibly as part of the certification process.
- ✓ Established the Transplant Surgery Certification Working Group (January 2014): Let me speak about this a bit more.

Some may ask: what is the rationale for developing a certifying exam?

First: The first relates to a public trust.... Setting a high standard that would be credible to those we treat.

Second: To validate our educational product. We believe we are training outstanding surgeons, but how are we measuring that? A quality assurance process of sorts.

Third: To provide value to our members.

And fourth: Realistically, if we don't do this, someone else is likely to do it for us.

Be assured: Of course there have already been discussions about the grandfather issue!

In the end, as my partner Dr. Grant would say: There are departmental standards, even national surgical standards, but because our organization is so small and because we are so connected to one another, what we really have are platoon standards and those standards are much higher. Many individuals have different roles, but there is much more accountability between each other and that in the end allows for a more cohesive and effective entity, in this case the ASTS.

And lastly along these lines, during our discussions the day following our most recent program directors meeting, we admitted to ourselves that we were sounding somewhat elitist in our approach to the accreditation and certification processes. We were being demanding of our program directors as well as the fellows in training.... setting the bar high in terms of both program and fellow accountability.

My advice to our group was we should own that. Elitism should not be a pejorative statement. It should be a positive one. Being elite is a term of respect when it comes to athletics, the arts, and certainly the military...Seal Team Six? I mentioned a book I read a number of years ago that challenged the somewhat egalitarian perspective many have taken and a reluctance to take on the idea that elitism can be a positive concept and one we should not shy away from.

I would recommend this book, *In Defense of Elitism*. The guiding principles discussed in this book resonated with me and include the following:

- Respect and even deference toward leadership and position
- Esteem for accomplishment, especially when achieved through long labor and rigorous education
- Reverence for heritage, particularly in history, philosophy, and culture,
- A commitment to rationalism and scientific investigation
- The upholding of objective standards
- And most important, the willingness to assert unyieldingly that one idea contribution or obtainment is better than another.

So as this Society's path moves ahead, it is hard to know what the future holds for us. What will be the newest scientific discoveries, what new innovation will shape our field?

But what I can foresee is who will be doing these things.

I think the answer to that question has become quite obvious... it is going to be the Millennials, aka generation Y. Generation Y are those people born between the years approximately of 1980 and about 2000. As this population demographic demonstrates, Millennials represent over 80 million people. In 2015 they will be 35 percent of our work force and by 2020 it will be nearly half.

But what does that mean, what does that suggest about our future?

Well, everyone has his or her own perspective. Certainly *Time* magazine didn't provide the most generous assessment of Millennials or Generation Y. The me, me, me generation, suggesting that Millennials are lazy narcissists that still live with their parents.

But as it suggests below, Generation Y will save us all and I would suggest that they may become the greatest generation of all.

So while an entire generation can't be lumped in one homogenous group, there are certain defining characteristics of this demographic that knowing a little bit about will help us harness those qualities that can affect the future of our Society and society in general.

This group ...if one can generalize about an entire generation...will be the best-educated work force we have ever seen. Gen Y members are much more racially and ethnically diverse. They are team oriented. They will be civic minded both on a local and global scale, and 2/3 voted for President Obama. They may be the least religious generation; however, they may be most socially conscious.

Clearly they are the most tech savvy group to come forward. They were brought up with computers and are early adopters, and not only can they recommend the most advanced tools in technology, they can often teach us how to use them more effectively, whether with management or social media.

What type of workforce will they be?

Generation Y also appears to be less motivated by money; they will be more family centric, trading higher compensation for more flexible work hours and a better work/life balance. In numerous surveys, less than 20 percent of them claim that compensation is a major driver.

They tend to be self-expressive—they are not afraid to put their ideas out there, and that can result in unabashed brain storming, generating new solutions and a fresh perspective. They are acceptance seeking, often referred to as the trophy generation—you know, everyone that plays gets a trophy or medal. While some people think of this as a negative, it can be very motivating. As a consequence, Millennials tend to have a “can-do” attitude about tasks at work.

Millennials will want a variety of tasks and expect that they will accomplish every one of them. Positive and confident, Millennials are ready to take on the world.

If we just look at how we achieved success, people like myself took to the path as a lone wolf. It was me against the world. We were single minded in our pursuits, and we were doing it for the most part alone.

Generation Y has a much different perspective. They are all about teamwork. Millennials are used to working in teams; they have done it their entire lives. They want to make friends with people at work and they work well with diverse coworkers. It’s what we are doing today as depicted in this recent weekend text between our team.

What could be a better place for those so inclined than transplantation! I personally am very excited and expect great things from generation Y.

Now I would like to digress slightly. As I pondered this talk, and particularly as I thought about Generation Y, it caused me to think about our iconic symbol the chimera, this imposing lion with a ram’s head and a serpent’s tail that so dramatically represents our field. It certainly resonated wonderfully with me throughout my career.

But if we have a symbol, should it not try to tell a story or convey a specific sentiment? Possibly a more contemporary one?

In the course of my thoughts I came across something else, and I clearly acknowledge the fact that I have co-opted this from an unrelated and different organization:

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I would suggest to you that this simple punctuation mark—as you see here, a semi colon—that it may have the capacity to tell a story or convey an emotion. A semi colon is used when a sentence could have ended but didn’t.

I have had the opportunity over the past 10 years to spend a fair amount of time in South Africa and learned of the philosophy contained in the Zulu word Ubuntu: I am who I am because of those around me.

So my sincere thanks and gratitude to all those who have helped and been with me over all these years.

I would first like to thank Kim Gifford and her amazing staff at the ASTS who have made this year possible for myself and have added enormous strength to our Society.

I especially want to thank my colleagues, those from the past: Pat Wood, Bob Stratta, Deb Sudan, Ira Fox, Jean Botha, and many others. And more importantly my colleagues today: Wendy Grant, David Mercer, Luciano Vargas, Alex Maskin, and Michael Morris. They are such amazing people to work with. I am enormously grateful for their friendship and dedication to what we all think is incredibly important work.

To those who trained me, first in general surgery at Botsford Hospital, and my sincere gratitude to those who got me started in transplantation: Stan Dienst at Henry Ford Hospital who was an original member of the ASTS and of course Bud Shaw at the University of Nebraska.

Lastly to my family, my wonderful children, Scott, Rachel and Erica, who have added such richness to my life and whom I am enormously grateful for.

Lastly to my parents—my father who passed away a number of years ago, but my mother who is here today. They both came to this country with their families with nothing but hope and a dream, and throughout my life instilled in me the importance and value of family, education, and hard work and for that I am enormously grateful.

So the past, present, and near future look very strong. We have had enormous success, we have had amazing people leading this organization, and we are all very excited for Peter to take over the reins this next year.

But more importantly, I think the future will be fantastic. Here they are, the last 6 years' fellows from our annual Fellows Symposium, many of whom are part of Generation Y.

With that I would say the future path of this Society remains very, very bright indeed.

Thank you very much.