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The CSA: Coming of Age

By *Linda B. Hertzberg, M.D., President*



In the last *Bulletin*, I discussed the possibilities for the future of the CSA. As president this year in particular, it often seems that one reacts to problems or crises rather than moving forward on a given agenda or strategic plan. President Obama's proposed health care reform and Governor Schwarzenegger's opt-out decision certainly created challenges of that sort. As I write this, the House of Representatives is considering a reconciliation bill for health care reform, and we are awaiting Governor Schwarzenegger's response to our lawsuit. Despite this aspect of the position to which I was elected, it is important that decisions made by the president or the board of directors and organization as a whole reflect the long-term strategic goals and vision of the society.

The CSA celebrated its sixtieth anniversary two years ago, quite an accomplishment for a state society in a specialty which itself has existed only for little over a century. Over time we have developed bylaws, policies, procedures, and processes for the governance, structure, and work of the CSA. These guidelines detail how our board of directors (BOD) and office should function to fulfill the mission of the CSA: "The California Society of Anesthesiologists is a physician organization dedicated to promoting the highest standards of the profession of anesthesiology, to fostering excellence through continuing medical education, and to serving as an advocate for anesthesiologists and their patients." At the heart of any programs that the CSA leadership initiates is this mission and the benefit accrued to the CSA members.

In earlier times the role of the CSA was to promote the art and science of the specialty of anesthesiology. The development of the specialty, educational opportunities, collegial relationships with our colleagues, and the places (primarily hospitals) where anesthesiologists practiced was the primary focus of the CSA. That changed in the mid-1970s with the malpractice crisis. Anesthesiologists were at the forefront of the demonstration at the state Capitol. We played an integral role following the demonstrations in the negotiations that led to the development of MICRA. From these origins of political activism, we can trace the development of the CSA's Legislative and Practice Affairs Division and its advocacy efforts on behalf of our members. Obviously, as times have changed, so has the CSA. Legislative and political advocacy is now a primary focus of CSA activity throughout the year.

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However, with aging also comes the possibility of institutional inertia and the unanticipated obsolescence of internal processes. In my speech to the CSA House of Delegates at the 2009 Annual Meeting, I discussed the concept of “the way we do it here” as limiting the ability of individuals and organizations to adapt and change when necessary. Two things happened just recently that again led me to think about how mature organizations react to new ideas. The first was that my daughter Rachel turned 21 and “came of age.” Rachel has not really changed; she remains a bright, enthusiastic college student with lots of projects and boundless enthusiasm for the future and its possibilities. Several weeks after that, a few of the members of the BOD and I had the opportunity to visit the CSA office and spend some time interacting with the office staff. Our staff members are enthusiastic and energetic, with ideas about how we can make the CSA better. It was wonderful to be exposed to the diversity of personnel, personalities, ages, and thoughts about our projects. Clearly the newer members of the CSA office cadre have had an effect on the entire office. They have spoken up and promoted new ways to improve efficiency and perform office functions. The concept of continuous change, and the ability of the CSA to use that process to move forward with new initiatives, engages and energizes the office staff and makes them excited about the direction of the CSA. We in leadership should learn from that energy and enthusiasm and apply it to how we help manage the CSA of the future.

Like most medical societies, CSA leadership tends to remain fairly traditional in its attitudes about how the organization should function. As noted before, we have bylaws, rules and processes to guide us. However, none of these should limit our ability to embrace change when it is beneficial to the membership and function of the society. We need to think more like some of our younger office staff members and more recent residency graduates who have become CSA members. Examine the possibilities. Look for diverse ways of accomplishing goals or projects. Use the electronic and other tools at our disposal to engage CSA members, as well as members of the public. To fully come of age in the twenty-first century will require that we adapt to a 24/7 culture, society and news cycle. A slow, deliberative committee and board process has worked for us in the past. In today's rapid paced society, it may no longer be so effective. The CSA of twenty-first century can come of age by finding innovative ways to move in a manner that fits our goals and meshes with the pace of today's society.

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