

# *Statements*

belonging to the doctoral thesis:

## ***Opening up Medicine: Physicians and Leadership in Times of Transformation***

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1. While schooling in the art of medicine prepares one to deal with complex medical problems, medical leadership education empowers physicians in the art of addressing the wicked problems of healthcare transformation: including deciding when to remain undecided when addressing problems (this thesis).
2. Current transformative processes are steering the medical profession towards a more multi-professional membership paradigm, which stands juxtaposed to physicians' historic functioning as a community of practice requiring a hard-to-come-by, members-only Platinum Pass (this thesis).
3. Role-modelling ineffective leadership, and other psychological 'traumas' during medical socialization and practice, comes with risks of a cascading process: starting with ineffective thinking, feeling and behaving and ultimately contributing to adverse events affecting patients (the 'first victims'), negative impact (e.g. burn-out) on professionals (the 'second victims') and their families (the 'third victims').
4. The positive effects of developing effective medical leadership depend on how physicians' will utilize their dominant, yet decaying professional and societal position, before this profession-as-we-know-it moves towards the point of extinction (this thesis).
5. The concept of medical leadership offers physicians an avenue to become more effective beholders of themselves, as professionals, by affecting and serving others more effectively (this thesis).
6. Our students could only be stunned by how little the efforts to improve healthcare's quality, safety and power-to-innovate seem to have learned from current thinking in effective leadership; (change) management; and organizational development and behavior (paraphrased from Koeck, 1998).
7. The fear some have for surgeons, as biting people, including those in cardio-thoracic departments, is unfounded, and might be indicative of an institutionalized unawareness of one's own professional 'fangs' and the effects of using them effectively.
8. If it were not for the great variability among individuals, medicine might as well be a science and not an art (Osler, 1892).
9. Two paradigms dominate the 'economy' of doctoral theses: publication impact factors and societal impact potential: the first provides a benchmarked proof of 'academic excellence'; the second requires elaborate, patient and conscientious observation of, at times evolutionary, processes.
10. Hope & research is what keeps us, humans, going.