



Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

Bridging the Gap: A Fellow's Workshop

January 9, 2018

Disney's Contemporary Resort

Lake Buena Vista, Florida

Finding the Right Job

Transition to Practice: A Chief Resident and Fellows' Workshop

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Associate Professor of Surgery
Chief, Division of General Surgery
Associate Chief Quality Officer
Medical University of South Carolina





So you've made it.....you've endured hours of toil, mounting debt, stress beyond measure....



Now what the heck
should I do?

What? I have to find a job?

Objectives:

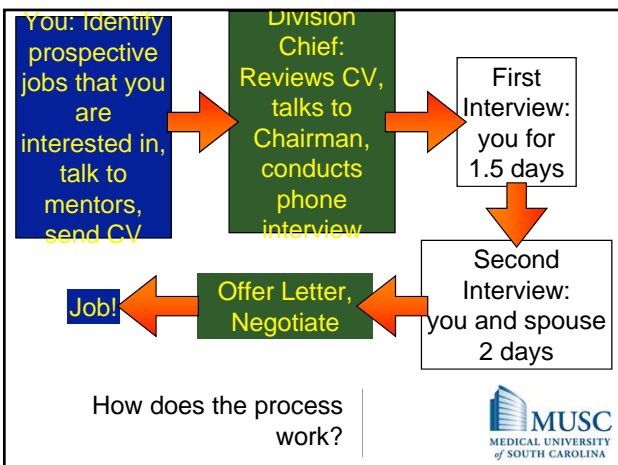
- Let's talk about how you should approach your first real job search:
 - Finding your job:
 - How the process works
 - Change your thinking
 - What to look for
 - What is a Division Chief looking for?
 - Once you are in your first job:
 - How to be...
 - Departure





Looking for your first job?





How do I navigate this successfully?



First, change your mindset....

- The shoe is now on the other foot!
 - No longer are you the one "hoping for the spot."
 - "Will they like me?"
- The love has to be mutual!
 - Not a short term investment
 - Return on Investment is important for both parties
 - financial (your boss)
 - career development (you)



Family

- Only go somewhere that you and your family will be happy, but look anywhere that they might be happy.
- Make certain that you, your spouse, and your family like the housing, schools, and community
- Check out the cost of living (on the internet)

#2



Don't Give 'em the Home Team advantage!

- Our temptation is to seek that which we already know.....
- Perceived prestige in working with your mentors
- You'll never know what you are missing if you don't looknor what you can ask for!

#3



Value

- Remember that you are a valuable person and very much in demand
- Approach the job search in that way
- "there are many very good jobs, and only a few very good candidates"

#4

"By 2012 therefore, the US may have 1500 unfilled trauma surgeon positions (with 2250 occupied)."

Cohn et al. "Trauma and Surgical Critical Care Workforce in the United States: A Severe Shortage Appears Imminent." JACS 2009; 209(4): 446-52

To be an academic surgeon

- To be an academic surgeon, you need all of the following:
 - protected time (in writing)
 - money (lab, lab tech, research nurse....)
 - support for membership in societies, meetings, presentations
 - focus: choose one topic, and become the master!

#5



Leadership.....your boss

- Only go where the Chairman and your Division head are stable and staying
 - teams are rarely successful if the head coach changes every year
- Make certain that you like them, and that it is mutual
- Nothing is forever.....



Titles

Director of Quality Assurance

- Make certain that you are given a title.....(i.e. Associate Director of Trauma or the ICU)
- You may decide to leave in 3 to 5 years, and the title is needed as an example of your administrative abilities



Salary

- You base salary should be everything that you need to live and thrive.
- NEVER depend on incentive or bonus.
- Check out the range of salaries that are being paid across the country
 - Fakhry: "What's a trauma surgeon worth?"
 - Cohn: "Trauma and Surgical Critical Care Workforce in the United States: A Severe Shortage Appears Imminent."
 - MGMA's Physician Compensation and Productivity Survey Report
 - AAMC Faculty Salary Report



Fakhry GM, Watts DD: What's a trauma surgeon worth? A salary survey of the Eastern Association for the Surgery of Trauma. J Trauma 2000;49:633-638.
Cohn et al: "Trauma and Surgical Critical Care Workforce in the United States: A Severe Shortage Appears Imminent." JACS 2009; 209(4): 446-52.


Make the calls.....

- After you interview for the job.....
 - Call and speak to everyone that has ever left that institution.
 - Disgruntled or not, find out all of the pitfalls.
 - Speak to the CEO, the Dean, the Chair, and the residency director
- Is the place healthy?



SWOT and 1, 3, 5


- Make a SWOT analysis for the institution/job
- Plan out your career in a 1,3,5 year plan
- Bring these to your second interview and review it with your potential boss, including your Chair
- Make certain that your expectations and goals mesh with those of your boss!



My SWOT	
Strengths	I do it all
Weaknesses	I do too much
Opportunities	My divorce just got finalized, so now I will have more time to do more!
Threats	Part of my sentencing agreement involves house arrest - may I take call from home?

Writing

- Get everything in writing
- Assume that your boss and Chair will be fired or die the week after you arrive, and everything not written down will be forgotten.
- Be very nice in negotiating, but relentless in getting everything in writing (essential)
- Get a lawyer to look over your contract!



Choose

- Pick an institution that feels right and has a track record of doing what you wish to do.
- It is unlikely that you can revolutionize a place as an "Indian"

#12

OK you found the perfect job, now what?

What to expect...

- The best that a program looks is the day that you sign on the dotted line....
- Expect that it will take you 2 to 3 years to begin to understand
 - referral patterns
 - the system
 - the politics
- Tread lightly and work hard!

#1

Tickets

- You build up, and have, a limited number of "tickets."
- Tickets accumulate from goodwill and credibility
- You never know how many you have at a given moment
- Spend them wisely, because once they are gone, they can never be replenished.
- Pick your issues, and battles, carefully.

#2

Remember,
there is one
one letter
difference
between "Big
Shot", and "Big
Sh&\$#*&!"

Advancement and Departure

- Be careful of morphing into an administrator that doesn't operate!
- Make certain that wherever you go, you burn no bridges and have options if things do not work out.
- Assume that the first job is a five year commitment

#3

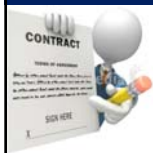


Thank you for your kind attention.



CONTRACTS

WHAT YOU HAVE TO KNOW



ALISON WILSON, MD, FACS

PROFESSOR

SKEWE'S FAMILY CHAIR IN TRAUMA SURGERY
Director, WVU Critical Care and Trauma Institute
Chief, Trauma, Acute Care Surgery, Critical Care
West Virginia University



BEFORE YOU GET STARTED

• MUST Dos

• KNOW YOURSELF !!!!!



- **What do you want** – be honest: clinical w off time, \$, academics, direct patient care, elective opportunities, research????
- **Where do you want to be** (location)- again, be honest, are others involved
- **Where are you in your career** - Entry level, advancement
- **What do you bring to the table** - For real, track record

NEXT STEPS

• WHAT DO THEY NEED??

- Leadership ?
- Clinical ?
- Workers?



• WHAT IS THEIR TRACK RECORD??

- Turn over ?
- History ?
- Leadership ?



JOB OFFER !!

• NOW WHAT ???

- Want it to be fair
- Want to have reasonable assurances
- Want what is market
- Don't want to be viewed as needy
- Don't want to be pushy or arrogant
- Don't want to be petty
- Don't want your new boss to think you are a pain in gluteus maximus



OFFER LETTERS

- Offer Letters – Common in academics
 - Detail your rank, division
 - Salary, rvu targets (aka your productivity)
 - May have other details
 - Bonus
 - Often vague
- **IF BOTH PARTIES SIGN THEN IT IS LEGALLY BINDING AS A CONTRACT**

CONTRACTS

- Contract
 - Highly variable in amount of detail
 - Legally binding
 - If either party breaks, can sue for damages
- Can Terminate for Breach
 - Can Sue for \$ lost



CONSEQUENCES IF YOU BREAK BEFORE START

A. Nothing

B. You promised you would be there to care for patients – you can be liable for lost revenue from initial start date to when new person starts

C. You can be liable for costs to recruit new provider

- Recruitment
- Relocation
- Lost Wages



RESTRICTIVE COVENANT

- If you leave the employer, you cannot work within a certain distance for a certain period of time
- Legal: 30 miles for 3 years – judged reasonable
- You break it
 - Can be sued
 - Injunction (you are legally stopped) vs Damages (you pay \$)
- Ways around it
 - Buy out
 - You
 - New Employer



NO SOLICITATION PROVISION

- Common
- Pre-set amount of time (months/years) after you leave employment
- You cannot recruit or take the following:
 - Employees
 - Support Staff
 - Patients
 - Company Assets (Technology)



NON-COMPETE CLAUSE

- If you leave the employer
- You will **not** be employed, work or consult within certain radius and time
 - Physical
 - Intellectual Property
 - Expands beyond Restrictive Covenant
 - No Consulting Company



Employed vs INDEPENDENT CONTRACTOR

- **INDEPENDENT CONTRACTOR**
 - You provide a service for a designated amount of \$.
 - That amt \$ is what you will be paid
 - From that \$, **YOU** pay malpractice, retirement, expenses
 - You are responsible for tax withholding
- **Employed**
 - Employer withholds for taxes
 - Pays into retirement
 - Pays malpractice



MALPRACTICE COVERAGE

- **Occurrence**
 - Covers any event that occurred while you were employed no matter when the claim is made
- **Claims Made**
 - Covers all claims that are made during your employment
 - Does not cover claims submitted after you leave employment even if the event happened during your employment
 - To be covered you need a "TAIL"
 - Clarify who pays for this: you, old employer, new employer
 - Can be very expensive
 - Very big deal w kids, pregnant women



VACATION TIME

- How does time accrue?
- What is the rate?
- Is there a cap?
- If you cap, is there a cash out or do you just lose it?
- Coverage?
 - Esp. impt in rural settings or if you will be solo provider?
 - Are you responsible for finding coverage?
 - Do you have to pay for locum?



SICK TIME

- How does it accrue?
- How is maternity/paternity treated?
- Sick time or PTO?
- Coverage?
 - Do you have to find/pay?
 - What happens in catastrophic illness/injury?
 - Salary Cut?
 - Job Loss?
 - Make up rvu later?



DISABILITY INSURANCE

- What is the coverage?
- When does it kick in?
- Who pays for it?
- How does policy define "disabled"?
 - No longer can do your current job but still can do physician job?
 - No longer can work at all
- What are benefits?
 - Pays to keep at your current salary, comparable salary in your specialty or any physician salary?



CME



- Do you get CME time or use vacation time?
- What is \$ allotment?
- Is that for CME only or is it for ALL Dues, Subscriptions, license, DEA ?
- Do they pay up front or reimburse?
 - If reimbursed, is that taxed?



SIGN ON BONUSES and START UP STIPENDS

- How much \$ and over what time?
- What is the time of commitment?
 - Common 1-5 years
- What happens with shortfalls?
 - How are they calculated?
 - Do they roll over quarter to quarter?
 - Based on Charges or Receipts?
- Penalties if you leave early?
 - Actual \$ or \$ plus interest



SALARY



- **Traditional:** Based on institution, academic rank
 - Increases based on increase in grants, institutional increases
- **Productivity Benchmarks**
 - Which system? MGMA vs AAMC
 - Percentile?
 - Balance of productivity targets and salary targets
 - Must maintain a minimum to maintain salary
 - "Withholds" vs Bonus



SALARY

- Time allotment tied to various mission and salary
- **Example**
 - You are 1.0 FTE apt
 - Assigned .8 clinical – rvu target is .8 (productivity benchmark target)
 - Base salary is .8 (benchmark median salary for your specialty/region)
- **Benchmarks**
 - MGMA: Private Practice and Academic – no account for rank
 - AAMC: Academic – rank, division chief, chair

HOW IS YOUR OTHER TIME TREATED?

- **Research time** – Grants required?
- **Education** – value or reward for this?
 - Is time allotted for this?
 - Can you get bonuses for excellence in this area?
- **Service to Dept and/or School**
 - Trauma Director, ICU Director, Division Chief
- **Other Academic Missions?**
 - External – EAST, COT Committees



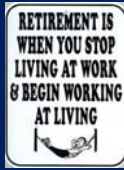
BONUS/INCENTIVES

- Different eligibility: pure clinical vs clinical, education, service, research
- Highly variable
 - Only pay out if entire institution is profitable
 - Only pay out if entire department is profitable
 - Pay out if you exceed targets
- Flat Rate – set amt depending on funds available
- % - weighted on key area
- Step Up - ↑ amt w ↑ productivity



RETIREMENT

- Pension – Rare
- Retirement Fund
 - Contribution
 - Matching
 - Mandatory Matching



SUMMARY

- Complex, binding, one shot
- Diligent without being paranoid
- Ask questions
- Know the standards/benchmarks used to assess you
- Proof of Fairness vs Trust – You have to know yourself
- Substantial Variability
- Get help if you don't understand it



WVU Critical Care & Trauma Institute



Practice Models Bridging the Gap: A Chief Residents and Fellows Workshop EAST 2018

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Professor of Surgery
University of Tennessee Medical Center, Knoxville

Disclosures

- No Financial Disclosures

Basic Models—Employed or Independent

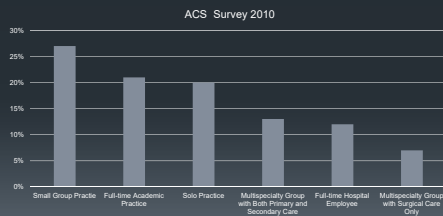
- Academic Practice
 - Clinical surgery
 - Teaching
 - Research
- Private Practice
 - General Surgery
 - Elective
 - Emergency
 - Trauma Surgery
 - Surgical Critical Care



Trends in Physician Practices



Surgical Practices



Legal Independent Practice Models

- Sole Proprietorship (Single Doc)
- Partnership
 - Two or more docs practice together
 - Contract specifies rights, obligations, and responsibilities
- Group Practice
 - Three or more licensed physicians
 - Physicians share collective income, expenses, facilities, equipment, records, and personnel
- Professional Corporation
 - A body formed and authorized by law to act as a single entity
 - Physicians who form corporations are shareholders and employees of the organization
 - Incorporators and owners have limited liability in case lawsuits are filed

Private Practice

- Advantages
 - Maintain autonomy
 - Make decisions based on care, instead of hospital policy
 - Can change processes more quickly than hospitals
 - Motivation to increase revenue by taking more cases
- Disadvantages
 - Need to operate the business
 - Expense of healthcare information systems
 - Costs of staff and ancillary services
 - Administrative burden
 - Economic challenges
 - Nonguaranteed income
 - Need to build practice
 - On-call issues
 - Uncompensated emergency care

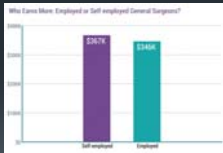
Employed

- Advantages
 - Financial issues
 - High education debt—sign-on bonus
 - High salary
 - Assured vacation
 - Sense of security—guaranteed income
 - Guaranteed initial patient base
 - Steady hours
 - Relief from administrative issues
 - Stronger negotiating power
 - ACO/bundled payments
 - Healthcare IT
- Disadvantages
 - Loss of autonomy
 - Suits may tell you where to practice, what devices and materials you can use
 - Little incentive to go beyond goal, because income won't increase
 - Compensation may be slippery slope—if don't deliver cases and revenue expected, next contract will pay less

Source of Income

- 100% of income from non-guaranteed income
 - 19% of practice owners
 - 6.8% of hospital-employed physicians
 - 5.2% of independent practice-employed physicians
- 100% of income tied to productivity
 - 27.5% of practice owners
 - 27.4% of hospital-employed physicians
 - 15.6% of independent practice-employed physicians
- Most physicians—-independent or employed receive only fraction of income based on patient satisfaction or value-based care

Income: Employed v Self-employed



- Physicians Practice Physician Compensation Survey—2017
- Survey of 618 docs, multiple specialties, multiple employment models
- Take home income >\$200,000/year
 - 69.5% who own practice
 - 75.3% employed by hospital/health system
 - 60.7% employed by independent practice
- Take home income <\$100,000/year
 - 8% who own practice
 - 4.1% of hospital employed
 - 3.6% of independent practice employed

Payment Models

- Fee for Service
- Pay for Performance
- Bundled Payments
- Global Capitation



Clinical Integration



Employed—group, hospital, system
Independent—IPA, PHO, MSO



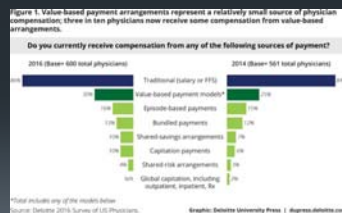
Issues When Physicians Integrate With Hospital/System

- **Autonomy**
 - Docs want money, less admin burden
 - Lose control of practice, work flow and environment
- **Accountability**
 - Who oversees employed physicians?
 - Docs and patients vs. bylaws or contracts
- **Compensation and Rewards**
 - P4P focused on wrong things!
 - System should deal with MACRA/MIPS
 - Pay for extra duty
- **Performance Expectations**
 - What is "good doctor"?
- **Roles and Responsibilities**
 - "Eat what you kill" mentality
 - Citizenship
- **Personal & Professional Satisfaction**
 - Physician Engagement
 - EMR—yours, theirs?
 - Quality & Measurement
 - We give good care
 - The data sucks or is irrelevant
 - Trust—integration in setting of low trust is doomed to failure

Issues When Hospital/System Joins With Physicians

- **Physician Autonomy**
 - Causes non-value added variation in clinical practice
 - Undermines patient safety
 - Makes physicians poor team players
- **Accountability**
 - Self-governed medical staff not accountable to management
- **Performance Expectations**
 - "I employ you—do what I say". Not
- **Roles and Responsibilities**
 - Pay docs to serve on committees
 - Where is the ROI?
- **Personal & Professional Satisfaction**
 - Lower engagement, high burnout and turnover
 - Doc satisfaction competes with other priorities—finance, throughput, pt satisfaction
- **Physician Engagement**—lack of it undermines strategic goals
- **EMR**—Sunk costs, need docs to use
- **Quality & Measurement**
 - Triple Aim—access, increase quality, lower cost
- **Trust**—how to rebuild when broken

Value Based Compensation



Compensation Models

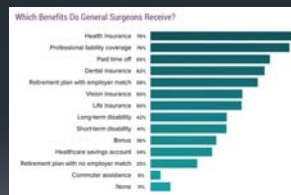
- Well established for most medical groups, hospitals, and large managed care organizations
- Most have abandoned difficult-to-quantify items
 - Corporate citizenship
 - Committee duty
 - Patient satisfaction
- Most are salary or a net- or gross-revenue basis
- Often include bonus or incentive component
- Determined on regional market factors or MGMA or other surveys
- 99% of time compensation will be consistent with the marketplace
- Other contract issues to consider
 - Time to partnership
 - Work schedules
 - Incentive structure—is it achievable?
 - Escape clauses
- Good fit probably more important than compensation

Compensation Models

- Straight salary/minimum-income guarantee or salary plus bonus/incentive
 - Large HMO's, academic settings, large corporate or physician-owned practices
 - Minimum-income guarantee with or without bonus is most prevalent model for new docs
 - Offer sense of security
 - Without bonus component, they offer little long-term incentive without chance at ownership
 - If bonus—need to know how, when, and under what conditions it is paid
- Equality/equal shares
 - Simple administratively
 - Revenues after expenses allocated equally
 - Presumes docs are equal in skill, productivity, and motivation to work for the group's financial interest
- Productivity-based compensation
 - Based on billings, collections or RVU's
 - Overhead costs allocated among docs
 - Rewards productivity
 - May produce internal competition
 - Can be very complicated
- Capitation/Value based

Questions to Consider About Compensation

- How does the plan work initially and at different points in time?
 - If transitions from guarantee to productivity, how has that worked?
- How are overhead expenses allocated?
- What is the income-distribution methodology for partners or stockholders?
- What is the buy-in and how does it work?



Professional Goals

- Lifestyle issues
 - Hospital employment or joining large group can be beneficial
 - Solo practitioner difficult—must overcome building patient base and meeting healthcare regulations
- Financial Issues
 - School debt
 - Practice expenses/malpractice
 - Starting family/buying house
- Practice location
 - Area of country
 - Urban/suburban/rural
- Components of practice
 - Trauma
 - Critical Care
 - General Surgery
 - Endovascular
 - Emergency
- Medical Community
 - Surgical support
 - Specialty support
 - Primary care base
 - Congeniality v competition
- Family Support—for you and for your family



Expectations and Measures of Work

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Emergency General Surgery
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Disclosure:

- None



Definition of Work and Value

- Work:
 - 1) Activity involving mental and/or physical effort done in order to achieve a purpose or result
 - Synonyms: labor, toil, slog, drudgery, exertion, effort, service
 - 2) Mental and/or physical activity as a means of earning income
 - Synonyms: employment, a job, a position
- Value:
 - 1) regard that something is held to deserve; the importance, worth, or usefulness of something
 - Synonyms: worth, usefulness, advantage, benefit, gain, profit, good, help, merit
 - 2) A person's principles of standards of behavior, one's judgement of what is important in life.
 - 3) Estimate the monetary worth of (something)



$$\text{VALUE} = \frac{(\text{Quality} + \text{Outcomes})}{\text{COST}}$$



**Choose your Institution like your house
Choose your partners like your spouse**

- Put on paper your interests
- How do you want to balance your practice?
- Percentage of your time in:
 - Patient care/Clinical activities and service
 - Scholarship/ research/publications
 - Educational activities
 - Quality/ extramural activities
- What is your niche?
- At least 20% professional effort focused on most meaningful dimension of your work
- What are the expectations of work hours?
- Where do you see yourself in 5 years



Patient Care/ Clinical Activities and Service

- Total wRVUs produced
- Total billings/collections
- Number of operative cases
- 5-Star or Top Physician
- Patient Satisfaction
 - Overall quality of care
 - Likelihood to recommend
 - Observed to expected mortality



Scholarship/research/publications

- Research proposals submitted
- Research activities and support- grants, funding, etc.
- Publications
 - Peer reviewed
 - Other manuscripts (chapters, editorials, invited articles)
 - Awards received for publications



Educational Activities

- Educational accomplishments
- Level of involvement, *contact hours*
- Teaching awards
- Lectures, teaching rounds, ATLS, ASSET, ATOM
- Mentoring/Tutorials
 - Number of students/resident trainees
 - Clinical fellows
 - Projects
 - Your role as faculty mentor/educator
- Other Educational Activities
 - Visiting professorship
 - Invited Lectures
 - Organization of local, regional, national conferences
 - Committees



Other Activities

- Review committees
- Site visits
- Editor/reviewer
- National and International organizations and societies
- Administration Service to Institution
 - Committees, leadership roles in administration



Category	Goal	% Effort
1. Patient Care/Clinical Activities and Service		%
2. Scholarship <ul style="list-style-type: none"> Research Grant Support Salary Supported by Extramural Grants Other Scholarship Activities Other Research Activities 		%
3. Publications NOTE: Effort distribution for publications may be reported together with research effort.		%
4. Educational Activities <ul style="list-style-type: none"> Didactic Lectures/Courses Seminars Given Graduate Student Committee(s) Mentoring/Tutorials Presentations Given Other Educational/Scholarly Activities 		%
5. Extramural Service <ul style="list-style-type: none"> Review Committees/Study Sections/Site Visits Editor/Reviewer Organizations and Societies Other Extramural Activities/Services 		%



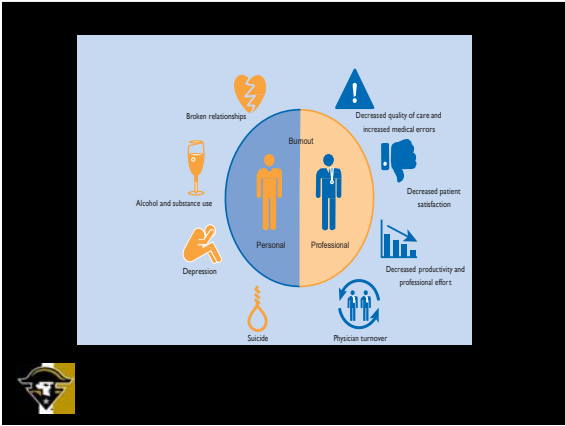
VANDERBILT SURGERY

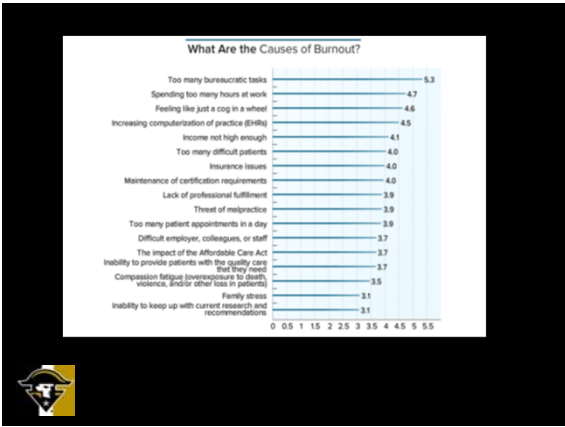
Category	Goal	% Effort
6. Administrative Service <ul style="list-style-type: none"> Committee Participation Faculty Role Awards Received Consultation Leadership Roles 		%
7. Finances <ul style="list-style-type: none"> Individual physician costing (including all sources of revenue and individual expense to be supplied by departmental/division administrator) Contribution to departmental/divisional operational budget 		%
8. Other (please specify)		%
Total	100%	100%



Burnout (ICD-10) = Z73.0,
a state of vital exhaustion

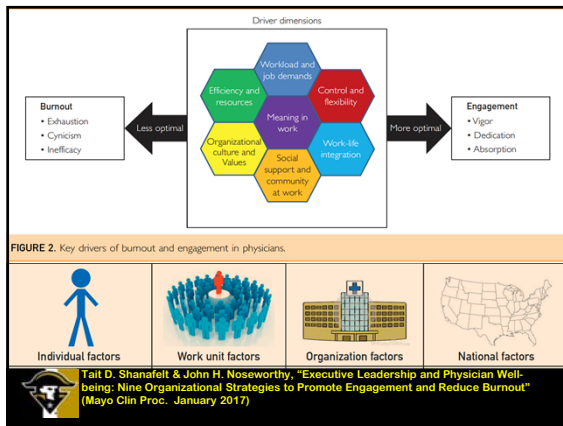






Re-Prioritizing your primary relationships
Jaco J. Hamman, A Play-full Life: Slowing Down and Seeking Peace, 2011

Personal Wellness	Institution/Hospital Administration
1. Person	1. Profession
2. Partnering	2. Parenting
3. Parenting	3. Partnering
4. Profession	4. Person

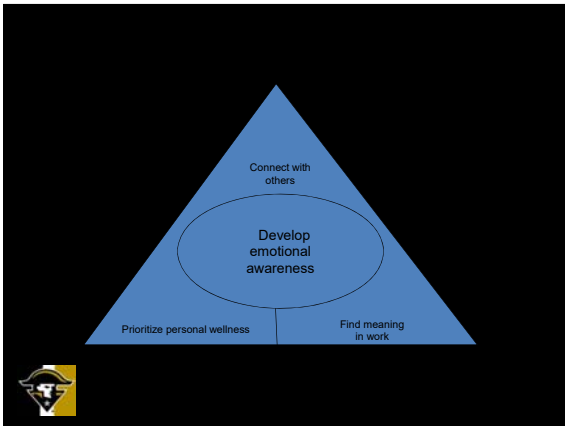


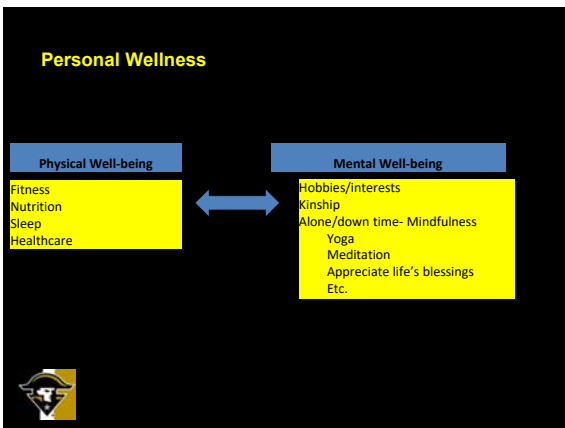
Well-being

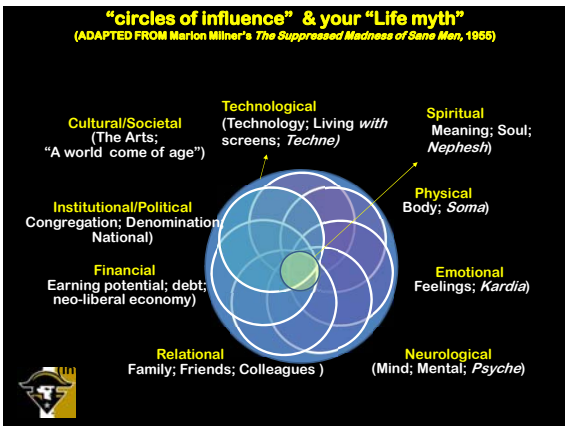
Well-being is a state characterized by physical and mental health, a sense of satisfaction, and empowerment to redefine our environment and create meaningful relationships with others.

Vanderbilt Task Force for Empowerment & Well-Being













Wellness
the Apostle Paul (c. 5–67)

1. Portraying affection for others
2. Experiencing exuberance about life
3. Possessing serenity
4. Developing a willingness to stick with things
5. Looking at others with compassion in the heart
6. Acknowledging holiness in people & creation
7. Being loyal in your commitments
8. Holding power loosely
9. Marshalling and directing your energies wisely



(Galatians 5:22-23; *The Bible*)



***STARTING THE JOB OFF
RIGHT***



BRIDGING THE GAP:
A CHIEF RESIDENTS' & FELLOWS' WORKSHOP
EAST 2018

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Professor of Surgery, UMMS-Baystate Medical School
Adjunct Professor of Surgery, Tufts University School of Medicine



DISCLOSURES

- None

**OK – SO HERE ARE MY
REAL DISCLOSURES**

- I would have done a whole lot of things differently
- I have been very lucky
- I am thankful for many mentors over the years
- The most important thing they taught me was how to listen

SOME SIMPLE FACTS

- The practice of Medicine/Surgery in 1972 was a bit different than it is today
- The world I started in then isn't yours today
- The problems I dealt with then **ARE** yours today
- **People are still people**
- **Illness and injury are still illness and injury**

A WHOLE LOT OF
THINGS GOT ALL
OF YOU HERE,
BUT.....

***"WHAT GOT YOU
HERE WON'T
GET YOU THERE"***

Marshall Goldsmith

WHO YOU ARE MATTERS

Authenticity

Fairness

Transparency

Lead from the front

Let NOBODY outwork you

Andrew B. Peitzman, MD
*Doing the dirty work: Hiring/firing/interviewing
faculty, fellows, residents, office staff.....
EAST 2017



WHO YOU ARE MATTERS

- AUTHENTICITY

- The degree to which one is true to one's own personality, spirit, beliefs, or character – despite external pressures

- Always take the high road



SOMETIMES YOU HAVE TO SAY NEVER...

- **Never** forget the "Three A's"
 - And remember the *real* order they come in!
- **Never** give up an opportunity to go to the OR
- **Never** give up an opportunity to ask for help
- **Never** give up an opportunity to offer help
- **Never** give up an opportunity to learn – from your senior AND junior partners



PEOPLE DON'T FORGET

- If you offer, DELIVER
- Remember that you are not alone
 - Be malleable
 - Be open to suggestions of others
 - Be open to change
 - Succeed with and not in spite of people
 - Collaborate whenever possible
 - Give more credit than you take
- Strive for leadership, NOT titles

Good leaders give the credit
and take the blame

THE DOWN AND DIRTY

- Remember the words
 - Empathy
 - Compassion
 - Cooperation
 - Communication
- Don't take yourself too seriously
 - Leave your ego at the door
 - Don't take things personally
- You don't have to like everyone
- You DO have to work with everyone

MAKE YOUR PRESENCE VALUED

- Take ownership of your patients and their families
- Take ownership of your responsibilities
 - Clinical
 - Administrative
- Get involved in your community
 - Medical
 - Civic

**BE THE PERSON
WHO YOU WANT
TAKING CARE OF
*YOU***

**WORK TO MAKE A
DIFFERENCE**

- Advocate for your patients and their families
- Advocate for your colleagues & students
 - Get involved in the ACS, EAST, AAST, WTS, etc.
 - Get involved in the COT
- Remember that **PI, research and prevention** are the key to learning and improving the care of our patients

**NEVER
FORGET THAT**

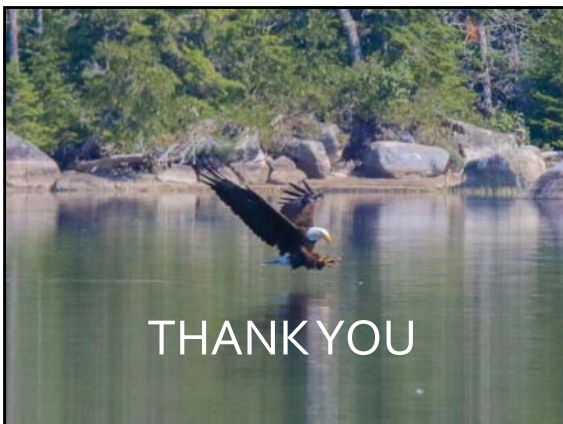
FAMILY MATTERS

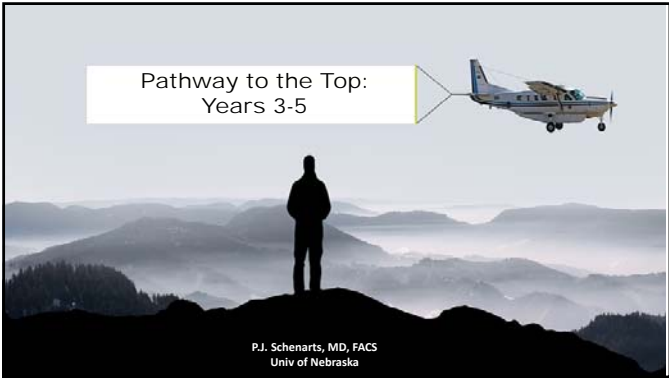
- Cherish your family, your friends and your colleagues
- A partnership is a marriage
 - Treat your spouse/family as your partner
 - Treat your partner(s) as your family
- If you chose correctly
 - You will be happy at home and the odds are that you will be happy at work
 - You will be happy at work and the odds are that you will be happy at home



MAJ JOHN PRYOR, MD, FACS
1966 - 2008





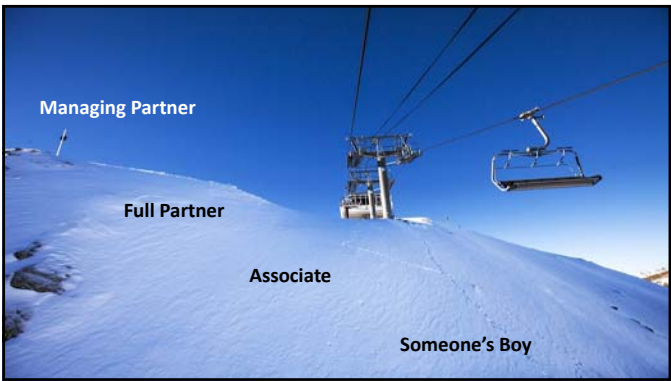

















Promotion & Tenure Criteria:

- East Carolina University
- University of Nebraska
- Indiana University
- University of Hawaii
- Case Western Reserve
- University of Minnesota
- Louisiana State University
- Baylor University
- THE Ohio State University
- Emory University
- Northwestern University
- University of Kentucky
- Vanderbilt University







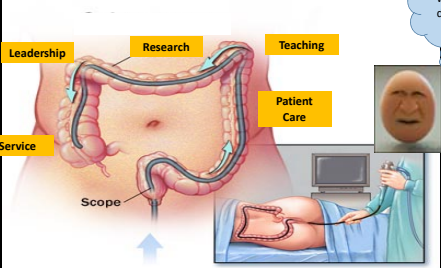




BIG Categories:

- Patient Care
- Research & Scholarly Activities
- Teaching & Education
- Administrative Service

The Internal & External Review Process:



Patient Care

Patient Care

- Productivity Metric (wRVU)
- Regional referrals
- New procedure or technique
- Officer in regional society
- Patient evaluations
- Oral board examiner
- Clinical contributions in alignment with med school mission or are prestigious
- Quality metrics (TQIP, UHC)
- Develop guidelines or pathways
- Invited clinical presentations

Scholarly Activities

Scholarly Activities

- Quality peer-reviewed, publications
 - No cheating, Have copies
- Involved in research
 - Interdepartmental - Lead
 - Co-investigator OK,
 - Submission of grant applications
- Obtained funding
- Journal reviewer or editorial board
- Research presentations
- Grand rounds
- Invited presentations on research

Teaching & Education

Teaching & Education

- Lecture evaluations
- Number & topics of lectures
- Small group moderator
- Formal mentoring
- Grand rounds
- Faculty development
- Regional teaching (EMS, Nurses, etc)
- Coordination of educational activities
- Formal teaching rounds
- Resident supervision
- Educational focused publications
- Educational societies

Service & Leadership

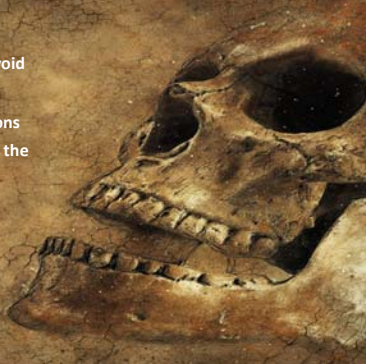
Service & Leadership

- Program leadership
- Committee membership
- National organization committees
- Community serve or outreach
- Injury prevention

Miscellaneous Stuff:

- Civic appointments or awards
- Military service
- Continuing education activities
- Be sure to network
- Every place has it's own rules, be sure to follow them EXACTLY
 - ECU: 3 inch limit
 - Nebraska: Special CV format

- No lying !!
- Do not double count, certainly avoid triple counting
- Do not overstate your contributions
- Be sure you in the good graces of the chair and school



How do I really do it:



Save Everything:

- Every lecture handout
- Every evaluation
- Every wRVU
- Every magazine article
- Every thank you card

How do I really do it:

Spencer Schenarts getting the team's first fumble of the session.

Don't submit this for promotion !!



Make your CV a living document:

Update every two weeks,
Capture everything you are really doing
If you are planning on going back, you'll miss stuff



ADMINISTRATIVE APPOINTMENTS

University of Nebraska - College of Medicine

2012 - Present	Hospital Quality Committee
1. 2012 - 2014	Emergency Quality Governance Committee
2012 - 2014	Special Case Committee
2012 - 2014	Coughlin University Trauma Peer Review Committee
2012 - 2012	Concomitant Low-Risk Safety Program (Blood Screen Selections)
2012 - Present	ABCU / APCU Quality Total Committee
2012 - Present	Critical Care Performance Improvement Team
2012 - Present	Trauma Quality Peer-Review Committee, Chairman
2012 - Present	Trauma Committee, Chairman
2012 - Present	Trauma Steering Committee
2012 - 2013	UNMC IR Representative to Physician Leadership Committee for Proposed Accountable Care Organization
2012 - Present	Residency Competency Committee
2012 - Present	Department of Surgery, Promotion & Tenure Committee, Chairman
2013 - 2014	Physician Engagement Group
2013 - 2014	One Team Interim Joint Planning Committee
2014 - Present	Education Development Institute Committee
2014 - Present	Acute Care Strategic Planning Committee
2014 - Present	Nebraska Medicine Quality Steering Committee

State of Nebraska - Trauma System

2014 - Present	Trauma Center Designation Committee
2014 - Present	Hospital Site Reviewer
2015 - Present	Representative of the Nebraska Committee on Trauma, American College of Surgeons
2015 - Present	Surgeon Planning Task Force
2015 - Present	Regulatory Committee (Ad Hoc)



