

The strength that it takes: Ten lessons learned from 28 years on the front lines

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In a live interview with renowned film critic, Gene Siskel, Oprah Winfrey was asked, “What do you know for sure?”¹ At the time, she was caught off guard and found it difficult to answer the question. However, since then, Oprah has used that enquiry to assess her life, and she devotes the last page of her magazine “O” to a commentary about what she knows for sure.² Similar to what Mary Flannery O’Connor, award-winning novelist wrote, “In the end, a people is known, not by its statistics and statements, but by the stories it tells,” I invite you to come with me on this personal journey as I share my story of why I do what I do and what I know for sure.³

In 1963, my paternal uncle who had worked in an asbestos plant in New Jersey was dying of lung cancer. Our family drove 120 mi from northeastern Pennsylvania to see him during his final days. I asked a lot of questions about his disease, but my family had few answers, leading me to wonder what it would be like to have the medical knowledge to answer those questions. During the trip home to Pennsylvania, I made the decision to become a doctor, and that decision was based largely on a gut feeling that being a doctor was what I wanted and needed to do. As knowledge is power, it seemed to me that medical knowledge was the most powerful type, and with it, one could assess a patient’s outcome. In addition, I knew that I would earn an excellent living as a physician in contrast to my parents who worked in factories and from time to time would be laid off or go on strike. Several years later, while dissecting a frog in high school biology class, I made the decision to become a surgeon, and I never looked back. This decision was made in the context of a small hometown environment, that is, a high school that included only 37 other classmates, no scientific laboratory, and no exposure to surgery. I knew in my gut that this was the right decision, and it felt as though I was born to become a surgeon. Approximately two decades later, during my fourth postgraduate year of training in general surgery, I made the decision to become a trauma surgeon. Of course, I was very influenced by my mentor and Chairman Dr. Kimball Maull, who was one of the four founding members of the Eastern Association for the Surgery of Trauma (EAST) and later became the organization’s first president. Subsequently, I was blessed to have completed my trauma and surgical critical care fellowship at the Washington Hospital Center, Washington, DC, under the direction of Dr. Howard Champion, who was also one of the four founding members of EAST and was elected as the organization’s fourth president.

Now, fast forward with me to the present. I love what I do, and it never grows old. The excitement, challenges, gratification, and cases are to die for, but throughout the years, I have developed new perspectives that have shaped my career and enhanced my joy of caring for injured patients. I would like to convey that wisdom to you as lessons learned and then share a secret that has enhanced my enthusiasm about my career as a trauma surgeon for 28 years.

LESSONS LEARNED

1. Walk the Walk and Earn Your Stripes

Simply said, establish yourself clinically and develop positive influence within your hospital. This lesson may seem intuitive, but I would like to share two different perspectives on it. First, understand the difference among the words *title*, *power*, and *influence*. Definitions from the Merriam-Webster dictionary include the following: (1) *title* is “an appellation of dignity, honor, distinction... attached to a person... by virtue of rank (or) office...”;⁴ (2) *power* is the “ability or

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right to control people or things”;⁵ and (3) *influence* is the “the power to cause changes without directly forcing them to happen” or “...a person or thing that affects someone or something in an important way.”⁶ Both *title* and *power* infer responsibility and the recognition of advancement, but *influence* is different because it can be attained while having very little power. From the trauma surgeon’s perspective, influence is built on clinical competence that manifests itself through an abiding commitment to our patients. It can be used to create meaningful change in a hospital, and the following are examples: (1) by taking care of our patients from admission through discharge, we obtain a better understanding of the system, thereby identifying problems that may impede good patient care; (2) by providing care in several different venues (the emergency department, operating room, and in the intensive care unit), health care providers and administrators see firsthand our commitment to patient care and its value. In his book, *The Seven Habits of Highly Effective People*, Dr. Steven R. Covey urges us to minimize the time that we spend in the “circle of concern,” that is, the things over which we have no control.⁷ He encourages us to focus on expanding our “circle of influence”, that is, devoting time to those things over which we have control. As we expand our circle of influence, it becomes value added to our hospital and, hence, to our patients.

The other perspective on this lesson is to develop a clinical area of expertise and unite it to research and performance improvement. An example of academic surgeons who have done this exceptionally well is the group at the University of Tennessee, Memphis. Led by EAST Past President Timothy C. Fabian, MD; he and his colleagues have successfully used their patient database to make several significant contributions to the surgical literature including the areas of colon injury, pneumonia, and splenic salvage, to name just a few.^{8–10} Focusing on a clinical area of expertise provides an opportunity for improving patient care while enhancing the reputation of your hospital locally and nationally.

2. Crystallize Your Goals and Prioritize Them So That First Things Come First

Well-designed and realistic goals require thoughtful reflection. Related to goal development, Dr. Steven R. Covey encourages us to spend more of our time in Quadrant II, that is, time devoted to activities that are very important but not necessarily urgent.¹¹ Some of these activities include preparation, planning, prevention, and personal development, all of which relate to developing goals and to moving your career forward. The SMART acronym, popularized by Dr. George Doran provides a helpful guide for writing realistic goals as they should be specific and clear, measurable, achievable, relevant, time bound.¹² Well-written goals should be reassessed frequently to determine accomplishments, obstacles to achieving them, and the necessity of reprioritization as unexpected conflicts may occur.

3. Value Emotional Intelligence

Emotional intelligence involves the ability to identify, assess, and control the emotions of oneself.¹³ The concept of emotional intelligence was popularized by Daniel J. Goleman,

PhD, and throughout the years, it has become recognized as a key component of good leadership.^{13–15} It allows us to better assess our strengths and weaknesses and use diverse styles of leadership seamlessly in different situations. Trauma surgeons are particularly well suited to assume medical leadership roles because of the following: (1) from the early days of training, they are on the “front lines” of patient care rapidly making assessments and plans; (2) as “captain of the ship” in the trauma bay, they take charge and lead a whole team; (3) they multitask and prioritize well, frequently balancing patient rounds, operations, clinic, and consults all within a few hours; (4) they interact with numerous services throughout the hospital, and hence, understand the hospital system and throughput for patient care; and (5) they are experts at performance improvement as surgeons have been central to the development of quality improvement initiatives such as the American College of Surgeons’ National Trauma Data Bank, Trauma Quality Improvement Program, and National Surgical Quality Improvement Program.¹⁶ For all these reasons, trauma surgeons as leaders have a unique perspective to shape the identity and destiny of the medical profession and of health care. Examples of opportunities for trauma surgeons to use leadership skills include the following: (1) improve throughput in the operating room; (2) influence hospital administration to support strategic initiatives; and (3) design an acute care surgery center of excellence. Good surgeon leaders are vital to the viability of the medical profession, but their development does not occur by chance.

4. Learn Leadership Skills and Ensure That They Develop Over Time

I found that the leadership skills that facilitated my advancement from one level to the next were not the same as those that I needed in a position of authority. Although I learned most of my leadership skills on the job and some of them from mentors, I recognized a need for more formal education in leadership development. I read numerous leadership books, attended the American College of Surgeons’ “Surgeons as Leaders: From Operating Room to Boardroom” course, and eventually obtained a master’s in business administration degree.¹⁷ This preparation served me well as I advanced in my career, and it underscored my belief that success may be achieved on our strengths but advancement to the next level usually requires overcoming a weakness. Of all the characteristics of a good leader, I found that managing and leading myself was the most difficult leadership task, something that I had to accomplish before I could lead others. I had to earn my way, carve my path, own my accomplishments, and lead with my unique style to have authentic influence and not just power. Dr. Souba¹⁸ has taught us much about leadership, and one of his articles, “The 3 essential responsibilities. A leadership story” was particularly helpful to me. In this article, Dr. Souba outlines how his mentor, Dr. Stanley J. Dudrick, set a compelling and appealing direction for the department, built the right leadership team, and ensured that the team shared common core values to establish the right culture. Creating the right culture takes time, is not easily transferable, and must become embedded in an organization to be consistent and

sustainable. According to Dr. Souba, excellent leaders, like Dr. Dudrick, are those who are forward looking, can envision compelling possibilities, and have the talent to enroll others in creating that future.^{19,20}

5. Learn to Work as a Team

By flying in V-formations and rotating to the point position, migratory birds gain an aerodynamic advantage enabling them to accomplish journeys that they could not achieve alone.²¹ Instinctively, they work as a team, sharing the lead position to benefit the entire flock. Similarly, members of a team need to understand the advantages of working as a team and the risks of not doing so. Long before I became a “Hoosier,” *Hoosiers* was one of my favorite movies. The movie is based on the Milan High School basketball team that won the 1954 Indiana State championship. The coach, Norman Dale, played by actor Gene Hackman, describes the critical nature of teamwork by saying to his players, “five players on the floor functioning as one single unit: team, team, team—no one more important than the other.”²² A team should have clear goals and be effective whether they are working to win a basketball game, solve a problem, or acquire a common good. When a team becomes fully functional, they should be able to leverage collective skills across boundaries, so that goal setting can reach the next level and better solutions can be obtained.

6. Operate From a High Moral Compass

“Trust takes years to build, seconds to break, and forever to repair.”²³ Enough said.

7. Learn to Manage Stress

Over the years, I learned that stress is a part of life, and although it may have value when leveraged appropriately, it can derail your career and have adverse effects on your health. I try to be proactive in avoiding the sources of stress, but when that is not possible, I use the tools in my “toolbox” such as exercise, cooking, a good book, and a technology holiday to deal with it. A particularly challenging part of stress is the handling of situations that arise in the moment. I have learned to press the “pause” button, so that I may *respond* at a later time rather than *react* to a situation. This is especially important before writing a letter or sending an e-mail because I know that behavior has consequences.²⁴

8. Be Service Oriented

Sir Winston Churchill wrote, “We make a living by what we get, but we make a life by what we give.”²⁵ This was instilled in me during my undergraduate training at College Misericordia (now Misericordia University) in Dallas, Pennsylvania. Founded by the Sisters of Mercy in 1924 to educate the daughters of coal miners (I am the granddaughter of a coal miner), they vowed to serve the impoverished, the sick, and uneducated through the values of mercy, service, justice, and hospitality.²⁶ These values have served me well throughout the years especially as I developed the doctor-patient relationship. Serving as a mentor is a wonderful way to give back as mentors help the mentee to gain wisdom, resilience, and self-reliance, and mentors help to identify latent ability in the

mentees, thereby inspiring them to excel. From a personal perspective, mentoring is a work in progress and a continuous process of self-development²⁷ but even without a formal mentor-mentee relationship, we, as physicians, are role models as we demonstrate professionalism and compassion toward our patients.²⁸ In a survey of medical students, Barshes et al. found that approximately 50% of the students who chose surgery as a career, made that choice by the end of their second year of medical school. They also found that those medical students who were encouraged by role models to pursue a surgical career were less likely to be discouraged by lifestyle, time commitment, call schedules, or length of residency. In another survey of medical school graduates, the American Association of Medical Colleges found that the interaction of the student with a mentor was the strongest influencing factor in the student’s choice of a specialty.³⁰ These studies underscore the strong influence we have on future doctors and the long-lasting importance of mentorship.

9. Be Prepared to Fail, and More Importantly, Learn From It

Although failure is a deviation from a desired or expected result, it should be viewed as an opportunity and a motivation for change. Far ahead of his time, Henry Ford’s view of failure was “...the opportunity to begin again more intelligently.”³¹ In the book *Failing Forward—Turning Your Mistakes Into Stepping Stones for Success*, Dr. John C. Maxwell discusses the top 10 reasons why people fail and, not surprisingly, many of them relate to the components of emotional intelligence.³² Some of the abilities needed to fail forward include being persistent, viewing failure as a temporary incident, keeping expectations realistic, focusing on your strengths, having various approaches to problems, and learning to be resilient. We can also learn from the corporate world’s view of failure that it should be included in the strategic planning of a new initiative. In this setting, when failure occurs, it is not viewed negatively but rather something from which we can learn and convey the lessons to others.³³ Overall, I have found that lessons learned from failure strengthened my character, increased my resiliency, and added another muscle to my emotional constitution.

10. Understand that Fleeting Success Comes Easy but Longevity Is Another Story

Success comes one step at a time by focusing on small but continuous improvements.³⁴ There is no elevator to success. You have to take the stairs.³⁵

MY SECRET

My secret as to why I love what I do for more than 28 years as a trauma surgeon is presented in a story and in two memorable events.

The Story

E.M., a 55-year-old race car mechanic, underwent a sigmoid resection and colostomy for perforated diverticulitis. He experienced the following complications: sepsis, iatrogenic splenic injury necessitating splenectomy, and intra-abdominal

abscess, which was percutaneously drained. In a follow-up visit to our clinic, his chief complaint was the “concern about a wound infection.” His physical examination demonstrated that his abdominal wound was healing well, but upon further questioning, several issues surfaced. He was worried that he “might die at any time.” He was crying and did not know why or how to help himself feel better. He felt helpless and was unable to return to work, and his wife reported that he had frequent angry outbursts. The patient most likely had post-traumatic stress disorder, and he did not need a surgeon at that time, but rather, he needed a *doctor*. I held his hand, and told him how sorry I was that he was going through this and that as his doctor, I would walk this path with him every step of the way. We obtained immediate help for him from appropriate health care specialists, and within a few hours, he smiled and said that he felt much better. I was fortunate to have a third-year medical student from Indiana University School of Medicine with me that day in clinic. He later wrote to me the following: “On my surgical clerkship, one particular patient stands out in my mind because of an important lesson that both he and the attending trauma surgeon taught me: no matter what specialty I choose, I must remember to always be a doctor first and a specialist second... I know this experience will help me become a well-versed surgeon, one that realizes the importance of viewing the patient as a whole and appreciating the impact that psychosocial issues have on the successful treatment of the patient” (personal communication). This patient encounter reminded me of my favorite painting, “The Doctor.” Sir Luke Fildes’ painting was inspired by the death of his son, Phillip (who died at the age of 1 year in 1877) and the devotion of Dr. Gustaf Murray who attended him.³⁶ The painting illustrates the essential features of the doctor-patient relationship, that is, the formation of a personal bond, devoted professionalism, and compassion.³⁷

Two Memorable Events

The first event occurred on June 6, 1980, my graduation from Jefferson Medical College, Philadelphia, Pennsylvania. I, along with my other 224 classmates, swore the Hippocratic Oath, one of several special rituals that gives doctors a common bond. That ritual was something that I did not give a lot of thought to until 26 years later at the other memorable event. In 2006, my husband, Dr. David Feliciano, was to receive the Evangeline Papageorge Distinguished Teaching Award from the Emory University School of Medicine Class.³⁸ The award was presented at the graduation ceremony, and any medical doctor in the audience was invited to stand with the class and recite the Hippocratic Oath. As I did, I was moved to tears as the Hippocratic Oath had a whole different meaning.

I recited, “I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife...”³⁹ And I remembered how many times I saw a patient (like E.M.) on rounds or in clinic who needed a hand to hold, a word of encouragement, someone to say, “the pain will lessen, you will feel better soon.” I recited, “I will not be ashamed to say ‘I know not,’ nor will I fail to call in my colleagues when the skills of another are needed for a patient’s recovery.” And I remembered how many times I was in the operating room

and said “I need some advice” or stood at the bedside of a critically ill patient in the intensive care unit and asked my colleagues, “What am I missing? What would you do differently?” I recited, “I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being...” And I remembered how many times that I rushed a hypotensive patient to the operating room, one hand holding onto the stretcher, the other holding the patient’s hand. I would look into the patient’s frightened eyes and say in my authoritative surgeon voice, “We will take good care of you. You are in good hands.” And the patient would close his eyes, sigh, and nod as if to say, “I know. I trust you. My life is in your hands.”

WHAT I KNOW FOR SURE

I know for sure that I chose the right path. I know that I love being a trauma surgeon, and I also love being a doctor. I know for sure that being a trauma surgeon gives me the opportunity to be a better doctor *every* day. I love everything about it—the intellectual challenges; the opportunity to diagnose, treat, and cure; the opportunity to make a difference in a patient’s life; and the chance to teach this to others.⁴⁰ Staying the course for decades involves being true to the mission of caring for the patient, and for me, it means being a doctor first and foremost, and that is my secret, the secret that has allowed me to have enthusiasm for being a trauma surgeon for more than 28 years. I know for sure that being a doctor is at the core of my being, and *that* is what gives me the strength that it takes to be true to that mission.

Dr. Francis W. Peabody reminded us 87 years ago that, “One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.”⁴¹ So for myself, I quote from the Hippocratic Oath, “May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.” And for you, young surgeons of EAST, I hope that you will continue to be tireless patient care advocates because the patient needs you now more than ever before. When you do so, you will honor the patient, the specialty of trauma surgery, the profession of medicine, and the Eastern Association of the Surgery of Trauma. Thank you for this honor.

DISCLOSURE

The author declares no conflicts of interest.

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