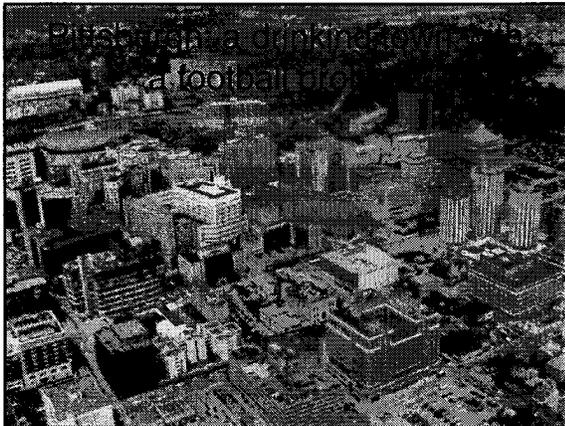


Building a Trauma/ACS Program: recruiting and motivating others

Andrew B. Peitzman, MD
Mark M. Ravitch Professor of Surgery
EAST, January, 2015

Disclaimers

- I am from Philadelphia
- I do not have an MBA
- UPMC is a 25 hospital system, 4300 MDs, 62,000 employees, 11 billion dollars/yr
- Department of Surgery has over 200 faculty members, top 5 in NIH funding, all divisions very busy clinically
- Started the trauma program 30 years ago
- I have been Dept Vice-Chair for 17 years
- UPMC-VP for Trauma and General Surgery



Who are you?

- Trauma Medical director
- Section chief
- Division chief
- I want to be one of these

■ DISCLAIMER-----I know you think I am very sophisticated, but.....



Site of my job offer in 1983

What is Acute Care Surgery?

- I think this is a critical issue for recruitment and retention
- How do you define ACUTE CARE SURGERY?
- PS-----recruitment is easier than retention

Key issue: will Acute Care Surgery be sustainable?

- Will Acute Care Surgery appeal to the next generation? To our residents? To our junior partners?
- Will Acute Care Surgery earn the credibility and respect of our surgical colleagues?

For Acute Care Surgery to have sustainability.....

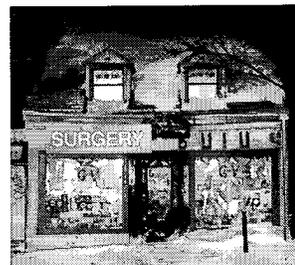
- These issues must be addressed
- We must perform elective surgery
- We must be perceived as part of general surgery within our departments, and as "real general surgeons"--- we CANNOT be "surgical hospitalists"
- If you come to work for your block time, do only your "shifts", you will never be a great surgeon

Will Acute Care Surgery be sustainable?

- As we have formulated ACS, the components are trauma, critical care and emergency surgery
- Elective vs emergency cases
 - Do the cholecystectomy at 4 am, but not be referred the elective laparoscopic cholecystectomy
 - Do a splenectomy at 3 am, but not the elective laparoscopic splenectomy for ITP

An acute care surgeon as a member of general surgery...

- We cannot, in perception or reality, be the surgeons doing the cases and working the hours that our partners do not want to do.
- Equally importantly, being a busy general surgeon will make you a better trauma surgeon.



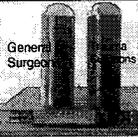
Will future surgeons be interested in trauma care? (Richardson and Miller, J Trauma, 1992)

- Positives---- I love this job
 - Exciting and challenging career
 - Enjoy trauma surgery
 - Duty to care for the injured
- Negatives
 - A lot of work
 - Night work
 - Unsavory clientele
 - **Trauma surgeons as poor role models**
 - Nonoperating surgeon
 - Attending surgeons do not perform elective surgery
 - Not part of general surgery

What is Acute Care Surgery?

- Trauma
 - Emergency General Surgery
 - Surgical Critical Care
 - Elective General Surgery
- Our service has ALWAYS done this---- over 30 years

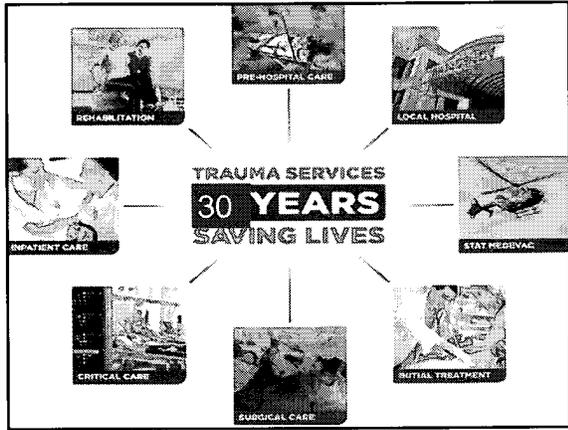
Learn from our general surgery partners. Learn from the master surgeons



- Many of us practice trauma surgery essentially isolated from the rest of our general surgery partners. This separation may be literally physical or it may be figurative.
- "How do trauma surgeons who are narrowly focused participate in the cross-fertilization with other surgeons that really is so much a part of the continued advancement in surgery?" (J D Richardson, 1999 AAST Presidential Address)

How can I help you today?

- I cannot help you get anywhere if you do not have clearly defined goals.



Sixteen commandments as chief

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16

UPMC Trauma Care System
Strength in Numbers

The infographic displays various statistics and services:

- 5 Trauma Centers
- 12,000+ Trauma Services
- 106 Trauma Services
- 24,000+ Trauma Services
- 17 Trauma Services
- 319 Trauma Services
- 28 Trauma Services
- 30,000+ Trauma Services
- 1,500+ Trauma Services

UPMC logo and contact information at the bottom.

Sixteen commandments as chief

- Have a clear mission as a section/division
- Put square pegs in square holes; round pegs in rounds holes
- Lead from the front
- Mandatory metamorphosis every 10 yrs
- Seize opportunities
- The quadruple threat is an urban legend
- Expectations for each faculty should be clear
- The truth is in the middle
- Do not fight solely for turf
- Authenticity, fairness, transparency, work ethic
- Don't screw with call schedules or salaries
- Protect your faculty
- Needs of the program trump the needs of the individual
- In-breeding kills insidiously—avoid it
- Create unique opportunities for your faculty
- Delegate-involve your talented faculty

Your qualities

- ▣ Authenticity
- ▣ Fairness
- ▣ Transparency
- ▣ Nobody outworks you (lead from the front)

Goals 30 years ago

- Build a trauma system that provides the best clinical care in the country
- Do the research that changes how trauma care is provided nationally.

Your qualities

- ▣ Authenticity
 - ▣ Fairness
 - ▣ Transparency
 - ▣ Nobody outworks you (lead from the front)
- ▣ Authenticity
 - is the degree to which one is true to one's own personality, spirit, beliefs, or character, despite external pressures.

Specific goals in 1984

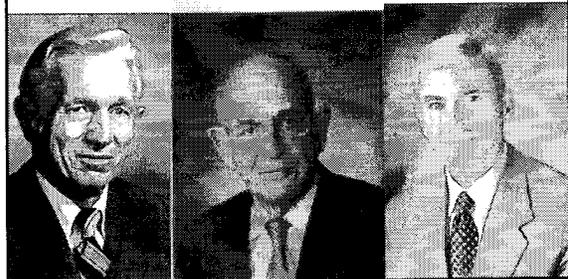
- ▣ Build a great trauma system
- ▣ Start my lab
- ▣ Build a clinical research program
- ▣ Write 4-6 papers/year
- ▣ Build a clinical practice in general surgery
- ▣ Join the Association for Academic Surgery
- ▣ Join EAST
- ▣ Join the Society for University Surgeons
- ▣ Join AAST
- ▣ Promotion with tenure

Yearly faculty review

- ▣ Write down your major goals for next year; next 3-5 years
- ▣ Determine and play to the strengths of each faculty member-- square pegs in square hole, round pegs in round holes
- ▣ Dr. Bubba Jones. Dr. Rick James



My chairmen





Review

1. Clinical and laboratory components to the program
2. Use of 1st year in trauma care (disaster prep) - blank trauma notes
3. Hospital admission
 - (a) in particular, patient & medical direction
 - (b) hospital multiple patients
 - (c) hospital of organ systems
4. Development of a rapid response system
 - use current list of 2000 patients
5. Effects of homeopathy standard first presentation
 - (a) in 1st 15 minutes for 2 hrs
 - (b) initial block/2nd to 1st
 - (c) preliminary function - organization
 - (d) 1st/2nd
 - (e) multiple - multiple
 - (f) multiple - multiple
 - (g) 1st/2nd
 - (h) 1st/2nd
 - (i) 1st/2nd
 - (j) 1st/2nd
 - (k) 1st/2nd
 - (l) 1st/2nd
 - (m) 1st/2nd
 - (n) 1st/2nd
 - (o) 1st/2nd
 - (p) 1st/2nd
 - (q) 1st/2nd
 - (r) 1st/2nd
 - (s) 1st/2nd
 - (t) 1st/2nd
 - (u) 1st/2nd
 - (v) 1st/2nd
 - (w) 1st/2nd
 - (x) 1st/2nd
 - (y) 1st/2nd
 - (z) 1st/2nd
6. Looking at 1st/2nd - trauma presentation in 1st/2nd

Board of visitors, 1987

Board of Visitors - 1987

- I. Meeting
 - (a) formal University Hospital agreement to trauma care
 - (b) formal agreement, but still no formal program
 - (c) formal agreement for trauma care
 - (d) formal agreement for trauma care
 - (e) formal agreement for trauma care
- II. Trauma in relation to multiple trauma program - immediate trauma in the hospital - disaster prep
- III. University of Pittsburgh has made a major commitment to trauma care - disaster prep - disaster prep - disaster prep
- IV. Program over the past year can be studied into three areas:
 - (a) trauma program expansion (disaster prep)
 - (b) education
 - (c) research

The Pittsburgh Press
Presbyterian emergency room criticized

The following

1. Trauma program
 - (a) trauma program was used
 - (b) trauma program was used
 - (c) trauma program was used
2. Trauma program (1985)
 - (a) trauma program
 - (b) trauma program
3. Trauma program
 - (a) trauma program
 - (b) trauma program
4. Trauma program
 - (a) trauma program
 - (b) trauma program

National & organized trauma & disaster program

Trauma Program Development

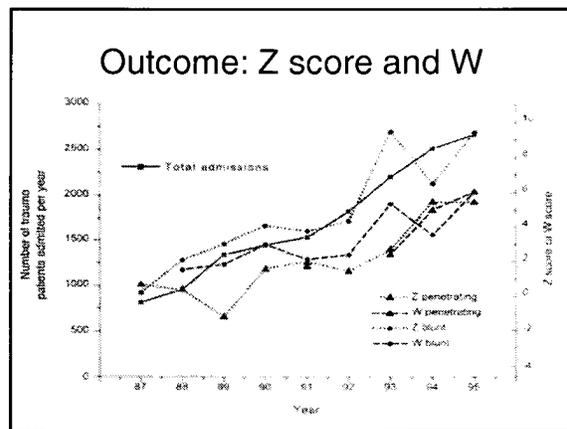
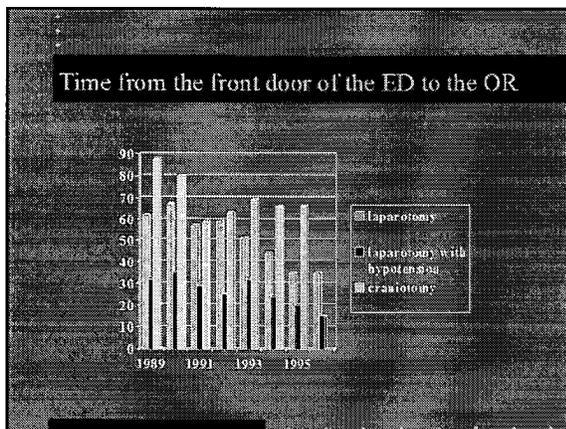
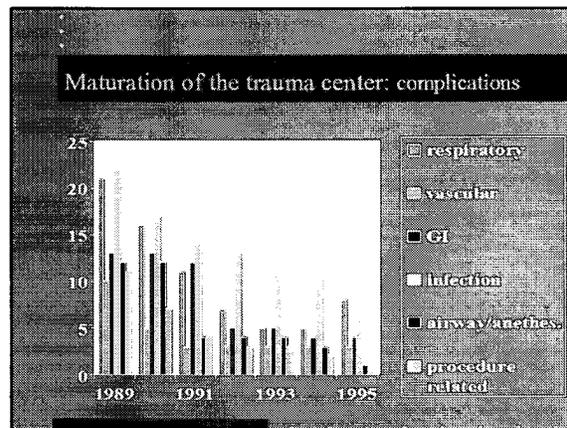
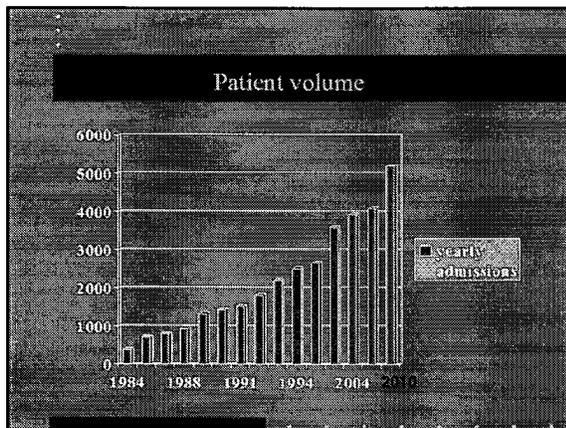
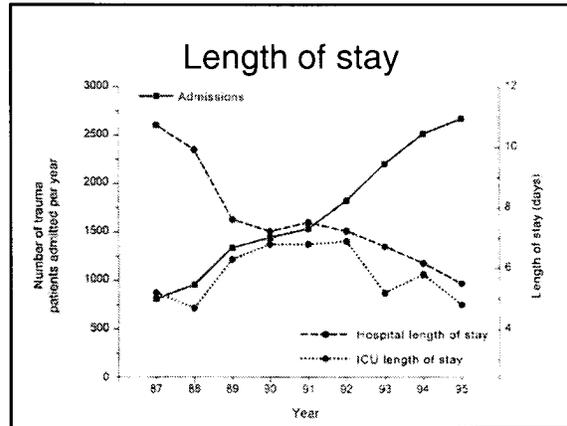
Work to be done

1. Establishment of a defined trauma center
2. Trauma program committee
3. Trauma center supported by the Presbyterian Trauma System Foundation
4. Creation of a Division of Emergency Medicine
 - (a) full time attending coverage of the Emergency Department
 - (b) Trauma Registry - quality assurance
5. Voluntary
 - (a) Trauma program - multidisciplinary
 - (b) Trauma program - multidisciplinary
6. Development of Trauma program and ground support
7. Impact
 - (a) 1st/2nd
 - (b) 1st/2nd
 - (c) 1st/2nd
 - (d) 1st/2nd
 - (e) 1st/2nd
 - (f) 1st/2nd
 - (g) 1st/2nd
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 - (v) 1st/2nd
 - (w) 1st/2nd
 - (x) 1st/2nd
 - (y) 1st/2nd
 - (z) 1st/2nd



Trauma center maturation: quantification of process and outcome (Petrizzo et al. Ann Surg. 1999)

- The trauma center is the nucleus of the regional trauma system.
- Paper described "maturation" of the trauma center.
- Described processes and outcome at UPMC from 1987-1995.
- 15,303 adult trauma patients admitted.
- Higher patient volume, faster, more efficient care, improved outcome.



Trauma center maturation

- ▣ The more you do, the better the outcome
- ▣ Did not matter who was on call—the system and high patient volume generated good outcomes
- ▣ More patient volume results in fewer complications and many more unexpected survivors
 - For every 100 expected survivors, we had 106
 - **Each year, 180 patients were saved who were not expected to survive**
 - **Over 20 years, we admitted 47,000 patients**
 - **2820 lives, not predicted to survive, were saved by our trauma system**

Research is a team sport

- ▣ Organized research meetings, brainstorming sessions, involve the entire medical center
- ▣ When you publish, be inclusive with authorship, not exclusive--- do NOT segregate worker bees (clinicians) from the researchers
- ▣ Spread the book chapters, invited articles
- ▣ Actively engage fellows, residents, medical students in research and writing

Trauma center maturation

- ▣ KEY!!!! Must provide resources to keep ahead of increasing volume:
 - Moved programs out of UPMC-Presbyterian
 - 710 beds/43 operating rooms/ 154 ICU beds
 - 14 trauma attendings
 - 11 residents
 - 22 bed trauma ICU, 10 bed neurotrauma ICU
 - Trauma attending/anesthesia attending/2 ICU attendings always in house
 - 7 CT scanners
 - The depth of the system saves lives

Recent meeting with a very good faculty member

- ▣ "I know I need to write. I don't like to do research, but I will."
- ▣ How should I respond to that?

Research??

- ▣ More than 1500 publications in the trauma literature
- ▣ Trauma Center Grant (P50) (Hemorrhagic shock)
- ▣ Trauma Training grant (T-32)
- ▣ CIRCL (CDC Injury Prevention Center)
- ▣ Model Spinal Cord Injury Center
- ▣ Model Traumatic Brain Injury Center
- ▣ NABISH study for Closed Head Injury
- ▣ Fogarty Grant for International Study
- ▣ Resuscitation Outcomes Consortium (ROC)
- ▣ Glue grant
- ▣ Multiple RO1s in the trauma section, K-12s, K-23

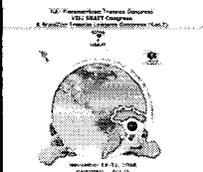
Seize opportunities



Santiago, Chile

Our global village

Andrew Peitzman, MD
Presidential address, 2008
Panamerican Trauma Society
Campinas, Brasil



- The goals and mission statement of the division should be clear to all faculty members
- You must have a clear vision, well articulated goals

You must protect and take care of your faculty

- Always have their backs
- Help your faculty take care of themselves and their families
- My partners are my second family
- Build a critical mass of faculty to avoid burnout



Your section/division must be a quadruple threat

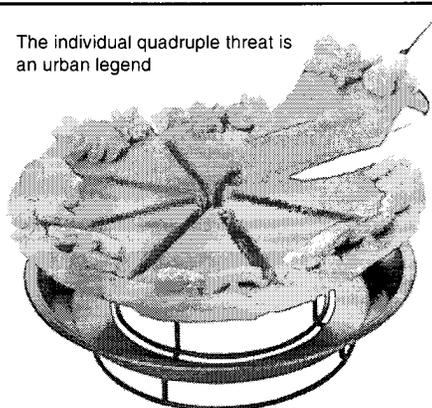
- Provide excellent patient care
- Win teaching awards
- Publish papers/carry NIH grants
- Provide service/administrative jobs



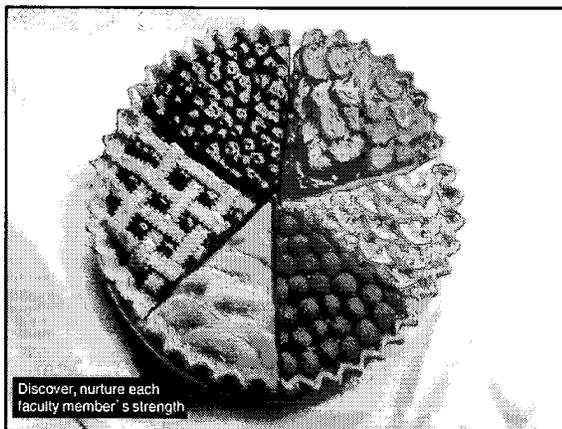
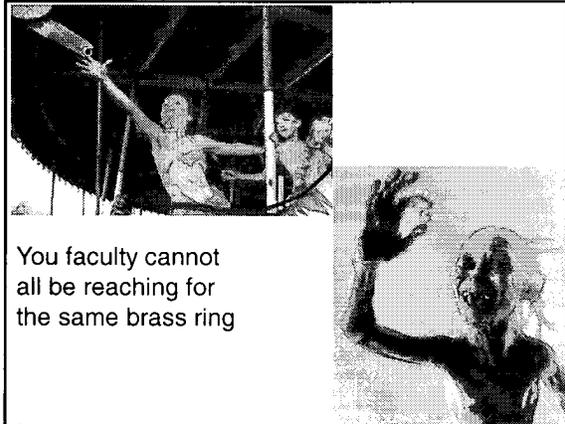
You must protect and take care of your faculty

- Always have their backs
- BUT the goals and needs of the division trump that of the individual

The individual quadruple threat is an urban legend



These are my faculty--this is a good thing.....



Inbreeding kills

- ▣ Insidiously, but effectively

Create unique opportunities for your faculty

- ▣ Be innovative and create opportunities that are unique
- ▣ Research – clinical or basic science
- ▣ International
- ▣ Clinical
- ▣ This is how you retain faculty

Do not inbreed

- ▣ LA-Pitt
- ▣ MR—U. Wash.
- ▣ JCP—McGill
- ▣ RF-Newark, Memphis
- ▣ JS-Parkland
- ▣ GW-Pitt
- ▣ GB-BU, Pitt
- ▣ RS-Pitt
- ▣ BZ-Pitt
- ▣ Keep the very best from your program
- ▣ The other half of your faculty should be from outside

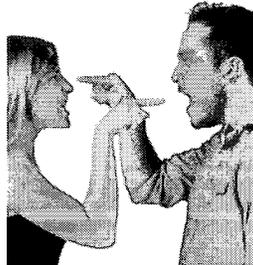
Don't screw with call schedules or money

- ▣ Our schedule is made out a year at a time
- ▣ How you say things also makes a big difference----
- Dr. Jesse James

What do you look for in a partner?

People issues: the most difficult part of the job

- ▣ The truth is in the middle
- ▣ Listen to each individual—"tell me what happened"
- ▣ Do not prejudge
- ▣ Mentor, rehabilitate, clear expectations
- ▣ The program is more important than an individual



What do you look for in a partner?

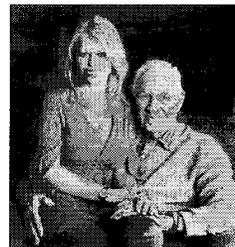
- ▣ Hire the character/principles of the person, NOT the CV
- ▣ Will the person fit well into your group?
- ▣ Trust your gut
- ▣ Do their strengths fill needs of the program?

Door always open, attend morning report everyday

- ▣ Your chance to keep your finger on the pulse, teach everyday
- ▣ Keep your radar up
- ▣ Look for changes in behavior, appearance, unexpected complications



Hiring a partner is like getting married: it is much easier to avoid the marriage than go through the divorce



What are the expectations for a new faculty

- Come to work everyday
- Do your best
- Always tell the truth
- Keep your zipper up

Utilize/reward the talent in your section/division

- Trauma Medical Director
- Associate Director
- Outreach
- Director of Education
- IT/electronic records
- Acute Care Surgery Medical Director
- Acute Care Surgery Fellowship Director
- SCCM Fellowship Director
- ICU Director

What will get my faculty in trouble with me?

- Not getting out of bed to see a patient
- Not calling for help



You and your faculty must undergo a metamorphosis every 10 years

