



Eastern Association for the Surgery of Trauma

28th Annual Scientific Assembly

Sunrise Session 13

**Career Transitions for Trauma Surgeons:
Just Another Step Along the Way or a Chance to Reinvent Yourself?**

January 16, 2015

**Disney's Contemporary Resort
Lake Buena Vista, Florida**

**A Trauma Surgeon's
Mid-Career Journey:**

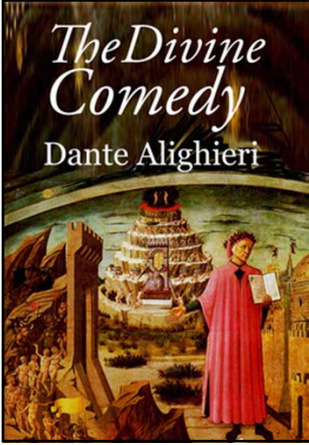
Opportunities and Challenges

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The opinions expressed in this presentation are mine alone and do not necessarily represent the views of Pfizer.



Midway upon the journey of our life
I found myself within a forest dark,
For the straightforward pathway had been
lost...

But since it came to good, I will recount
all that I found revealed there by God's
grace

H.W.Longfellow / Ciardi Translations

Summary

- **YOU** are the **CEO** of your own **COMPANY**
carpe diem (no one else will, or should)
- “Straight Line” Hierarchical Career Trajectory being challenged
- Self-actualized Career Trajectory opportunity
- Surgery **PERFECT** launching pad
- Fearless inventory
 - Current career
 - Future desires (and eschewments)
- Plan & execute

Some Facts

- 58% pursue traditional hierarchical path
- 29% pursue career in medically allied area
- 13% change careers completely
- Career Change Assessment Tools / Questions

Dr. Wm. Frist (HMS '79) Cardiac Surgeon → U.S. Senator → Health Policy Leader

Distress & Career Satisfaction

- 28%-42% burnout rates
- Work focus correlated with burnout
 - > 80 hr/wk
 - ≥ 2 call/wk
- Best specialties: ENT, Plastic, Pedi, Ortho
- Worst specialties: Trauma,* Vasc

* mid-2000's survey, prior to Acute Care Surgery

Career Development: A Long Distance Hike

PROFESSIONAL JOURNEY	
Skills	Muscles
Professional commitment to excellence	Cardiovascular fitness
Analytic focus on future	Binoculars
Family & professional supports	Walking stick
Advancement "how-to's"	Map
Mentors	Trail Guides
Friends / Supporters*	Fellow Hikers*

* Key role for women / minorities who tend to have multiple responsibilities

Career Development: Traditional Hierarchical Model

- Inexorable upward march to ↑ authority & income
- Predicated on singular devotion to surgery
- Extrinsic reward structure
- Unfulfilling personally to some
(20% Medical School faculty subject to burnout, esp. Jr. levels)
- Few positions at the pinnacle = demotivation

Balch, Ann Surg 2011;254:558-568

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Career Development: New Self-actualized model

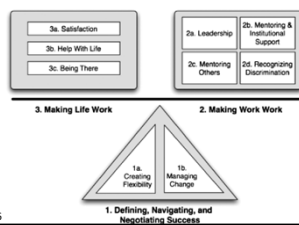
- Requires MORE work to discern trajectory
- Options expanding
- Multiple careers will be the NORM, not exception

Birkel, J Gen Int Med. 2008

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Mid-Career Changes RWJ Scholars

- Flexibility: a Building Block of Success, e.g.
Trauma → Breast Surg. → Academic Admin.
- Resilience: career set-backs do happen



Kaalef, J Gen Int Med 2006

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Physician's Alternative Career Transition Model
Internal Evaluation

- Physician "Independent" Role → Corporate "Dependent" Role
- Doctors' "Orders" → Consensus
Trauma/Critical Care may have advantage here
- Self-esteem: Expert to Neophyte

- *Why am I looking beyond medicine?*
- *What connection to medicine (if any) do I want to maintain?*

Physician's Alternative Career Transition Model:
External Evaluation

- Information Gathering: Identification of
 - Opportunities → search of industries of interest
 - People → Strategic Networking
 - Executive Recruiters (last step)
- Skill Acquisition (eMBA, MMM, MMA, MPH)
- Packaging: professional résumé (*not* a CV)

Physician's Alternative Career Transition Model:
Making the Move

- Highlight current physician business skills
- Succinctly explain career transition rationale
- Flexibility & commitment needed
- Negotiations are more than salary

Blueprint for a Career change

When You Don't Know What You Want to Do

Unvarnished review of your current career

- Honest personal assessment:
 - What you WANT
 - What you Want to AVOID
 - Example
 - Medical profession
 - Surgical Career
- Fearless Skills appraisal
- Personal Network mapping

Blueprint for a Career change

When You Don't Know What You Want to Do

Starting with Desires – Eschewments – Skills

- List career paths comportsing with profile
- Select top items & purposefully explore
 - Read / Internet
 - Seek out individuals for conversation
 - Use your mentor / family / friends NETWORK
- Recognize the reality
 - Not all desires / eschewments are satisfied
 - Other choices options may appear 2° to investigations
- Make a plan & Execute

Personal Example

- ↑ Impact of a Life
 - Family
 - Surgical / Trauma Profession
 - Industry
 - Academic Administration
 - Pharmaceuticals
 - Medical Insurance
 - Medical Review for Investment Banking
- Skill Set
 - Fascination with science / human biology
 - “Story Teller / Teacher”
 - Diversity of Challenge on world stage
 - Daily stress activities keep one sharp

Shock ■ Trauma 2



Blueprint for a Career change

When You Don't Know What You Want to Do

- List career paths comporting with profile
- Industry ♦ Academic Admin.
- Select top items & purposefully explore
 - Read / Internet
 - Seek out individuals for conversation
 - Use your mentor / family / friends NETWORK
- Industry
 - Clinical Trials Meetings
 - Sales Representatives
 - Medical Directors
 - Industry "Careers" websites
- Academic Administration
 - Chronicle of Higher Education
 - Vice Dean Meeting
 - IRB Chair
- Recognize the reality
 - Not all desires / eschewments are satisfied
 - Other choices options may appear 2^o to investigations
- Make a plan & Execute
- eMBA – focused business training
- Intensive application process

Navarro, Physician Executive, 2004

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THANK YOU !

A Trauma Surgeon's Mid-Career Journey:

Opportunities and Challenges

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Additional Slides

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- Bickel, J, Career Development as a Long-Distance Hike, *J Gen Intern Med* 2008;24:118-21
- Bernard, S, Moore, DL, The Physician's Alternative Career Transition Model: A Stepwise Approach, *Physician Executive* 1995;21:23-28
- Kalet, AL, Fletcher, KE, Ferdman, DJ, et al., Defining, Navigative, and Negotiating Success, *J Gen Intern Med* 2006;21:920-925
- Navarro, A, A Blueprint for Career Change When You Don't Know What You Want to Do, *The Physician Executive*, Nov•Dec 2004, 18-21
- Rosen, S, Paul, C, Career Change for Physicians: Are You a Candidate?, *The Physician Executive*, Nov•Dec 2007, 88-90

Non-clinical Career Directions for Physicians

- Medical/Health-Care Communications (Publishing, Marketing, Market Research, Editing/Editorial, Acquisitions, Writing, Advertising)
- Pharmaceutical Firms
- Investment Analysis
- Investing
- Financial Engineering and Development
- Management Consulting
- Public Health
- Entrepreneurial Activity
- Medical/Health-Care Start-Ups
- Venture Capital
- Recruitment/Medical Executive-Search
- Medical Real Estate
- Personnel/Human Resources
- Management/Administration
- Insurance
- Lobbying
- Public Service (Government, Foundations, Non-profits).

1. Are you thinking positive new directions, not wanting to flee a bad career/job?
2. Could you come back to your old career/job if you had to?
3. Have you researched new career options?
4. If a new career doesn't work out, would it have been worth it to explore?
5. Do people who know you well agree with your idea of changing careers?
6. Would you accept a low salary to try out a new career?
7. Are you ready to prove yourself to a new employer?
8. Are you ready to work with people younger than you?
9. Are you prepared for the reality that a new career may not work out?

Changing Career Quiz			
The Career Change Ability Scale shows you the obstacles you face, and how to overcome. If you desire to move into a new job or career, the 13 statements below are a short version adapted from the complete 42 item Career Change Ability Scale.		To interpret the results of the short 13-item version, please rate how many of the statements you agree with, divide by 13, and convert to a percentage. The closer the result is to 100%, the closer you approach agreement with people who changed careers easily and happily.	
1.	I intuitively develop abiding relationships with friends and colleagues.	Agree	Disagree
2.	Professional colleagues, mentors, advisors and role models were important in my life.	Agree	Disagree
3.	Life is full of random events that I attempt to convert into adventures.	Agree	Disagree
4.	In my professional social life I present my truest and best self.	Agree	Disagree
5.	I know what I can change, what I can't change and the differences between them.	Agree	Disagree
6.	I redirect my energies, instincts and desires into useful pursuits.	Agree	Disagree
7.	Humility is a great virtue.	Agree	Disagree
8.	The harder I work, the luckier I get.	Agree	Disagree
9.	I work hard and play hard.	Agree	Disagree
10.	Decisions I made at important turning points in my career were beneficial to my career.	Agree	Disagree
11.	I am energetic and optimistic about my career and my life.	Agree	Disagree
12.	I gain energy, pleasure and renewal from my work or career.	Agree	Disagree
13.	Excellent job opportunities and offers well-suited to me have come my way as a by chance.	Agree	Disagree

Rosen & Paul, Physician Executive, Nov+Dec 2007, p88-90

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28th Annual Scientific Assembly

How to Parachute Safely into Retirement

Land Where You Want, Do What You Want

PARACHUTE

Definition:

a device to help you land softly on both feet

I have two fixed ideas: the first is the comparative uselessness of men over 40 years of age. My second fixed idea is the absolute uselessness of men over 60 years of age and the incalculable benefit it would be in professional life if, as a matter of course, men stopped working at this age.

Sir William Osler (1845-1916)

(in Aequanimatas with Other Addresses)

Land Where You Want/Do What You Want

How good is your current "psychological contract"?

Best career moves

- Lack of fulfillment at present position
- Perceived opportunity at new position
- Due diligence

Land Where You Want/Do What You Want

When is the right time to "retire"?

Best retirement moves

- Lack of fulfillment
- Perceived opportunity
- Due diligence

Land Where You Want/Do What You Want

Lack of fulfillment

- "Tired"
- Burned out
- Losing your "edge"
- In a regulatory rut?
- Other

Land Where You Want/Do What You Want

Perceived opportunity

- Looking for change
- Ready to slow down or alter schedule
- Anxious to re-invent yourself
 - What's out there for you?
 - Can I stay relevant?

Land Where You Want/Do What You Want

- Due diligence
 - Income supplementation needed?
 - Relocate?
 - What to do depends on what you've done ... or not!

Land Where You Want/Do What You Want

Key Questions

- Is retirement an "all or none" phenomenon?
- What support systems are helpful?
- Can I be a "part time" surgeon?
- How do I deal with change in stress level?
- Can I return to the work force after I retire?





QATAR – “Where Cultures Converge”	
Population	1.8 million
Native Qataris	350,000
Ex-patriots	1,450,000
Arab countries	40%
India	18%
Pakistan	18%
Iran	10%
Others	14%

UPMC

QATAR – THE TRAUMA PROBLEM

Falls from heights

Leading cause of trauma admissions
Often lethal

Problem

Dangerous
Lack of safety training & equipment
Heat



HMC-UPMC PARTNERSHIP

Not in place:

- Communication with field
- Adequately sized & equipped TRU
- Trauma service/trauma team(s)
- PIPS program
- Trauma registry/Injury prevention
- Focused trauma educational program
- Research program



UPMC

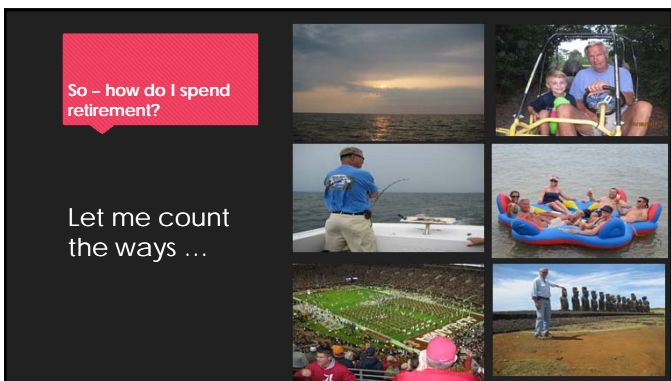
World Health Organization



Trauma Center at
Hamad General Hospital
cited as "success story"™







So – how do I spend retirement?

Let me count the ways ...

Land Where You Want/Do What You Want

Conclusions

- When, where and how to retire is a very personal decision
- Determine early whether you want a complete break or remain "in the game".
- Handling change in stress level is predictive of how content you will be with retirement
- You've worked hard ... you deserve to enjoy yourself and those you love.

Land Where You Want/Do What You Want

Every Chief of Service should have a pet dog. When he retires from the hospital, he should leave the dog on the floor of the department he served, because when he returns, the only one who will recognize him will be his dog.

Bela Schick (1877-1967)

It is not by muscle, speed or physical dexterity that great things are achieved, but by reflection, force of character and judgment; in these qualities old age is not only not poorer, but is even richer.

Cicero (106-43 B.C.)
