



Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

Bridging the Gap: A Fellow's Workshop

January 10, 2017

The Diplomat Beach Resort

Hollywood, Florida

Bridging the Gap: A Fellow's Workshop

Tuesday, January 10, 2017

Presented by the EAST Career Development Section

1:00 pm – 5:15 pm

Target Audience: The audience is anyone soon pursuing or recently acquired a position in trauma and acute care surgery in both academic and private practice settings. This ranges from chief residents entering fellowship to new faculty.

Needs Statement: While most fellowships teach patient care and operative management, there are variable resources for transition to practice.

Overview: Bridging the Gap is a workshop that matches young people pursuing a career in trauma and acute care surgery with mentors and leaders in the field that can provide tips for pursuing their career, navigating the hiring process, and starting the job out right.

Learner Objectives:

At the conclusion of the workshop, the participant should be better able to

1. Name variables to consider in order to find the right job
2. Understand the hiring process including contracts, academic tracts, and private practice resources/expectations.
3. Name tips to starting the job out right including exploiting your niche, developing a professional portfolio, and avoiding landmines.

Workshop Director: Cynthia Talley, MD

Faculty: Andrew C. Bernard, MD; Ronald I. Gross, MD; Stanley J. Kurek, DO; PJ Schenarts, MD; C. William Schwab, MD; David A. Spain, MD; Nicole A. Stassen, MD; Alison M. Wilson, MD; Robert D. Winfield, MD; Ronald Gross, MD

Schedule:

1:00 pm – 1:05 pm	Introduction –Cynthia Talley, MD
1:05 pm – 1:20 pm	EAST Opportunities and Resources—Nicole A. Stassen, MD
1:20 pm – 2:35 pm	Panel Discussion: Finding the Right Job <ul style="list-style-type: none">• Knowing Yourself – Robert D. Winfield, MD• What Makes a Good Applicant? – Nicole A. Stassen, MD• Different Practice Models – David A. Spain, MD
2:35 pm – 2:40 pm	Break
2:40 pm – 3:55 pm	Panel Discussion: Understanding the Hiring Process <ul style="list-style-type: none">• Contracts – Alison M. Wilson, MD• Financial Support and Resources – Stanley J. Kurek, Jr., DO• Expectations and Measure of Work – Andrew C. Bernard, MD
3:55 pm – 4:00 pm	Break
4:00 pm – 5:15 pm	Panel Discussion: Starting the Job off Right <ul style="list-style-type: none">• Staying Out of the Chair's Office – C. William Schwab, MD• Exploiting you Niche/Developing a professional Portfolio – PJ Schenarts, MD• Advancing your Career – Ronald I. Gross, MD

NOTE: CME or Self-Assessment Credit will not be offered for this workshop.

HOW TO GET INVOLVED IN EAST

NICOLE STASSEN, PhD
EAST PRESIDENT



THE HISTORY OF EAST



THERE ARE THOSE
WHO LOOK AT
THINGS THE WAY
THEY ARE, AND ASK
WHY... I DREAM OF
THINGS THAT
NEVER WERE, AND
ASK WHY NOT?

Robert Francis Kennedy



FOUNDING MEMBERS



HISTORY: THE INFANCY

July 17, 1986

Organizational meeting in Boston (Jacobs, Harris, Maul, Champion)

October 19, 1986

Administrative meeting in NOLA - 8/10 Board members. Articles of incorporation approved

January 8, 1987
Washington National - officers elected
Draft bylaws reviewed, membership solicitation began, first meeting planned, letterhead developed

April 24, 1987

Washington National
Membership applications mailed, 141 applications reviewed

September 8, 1987

Boston Logan
First program committee meeting

THE ORIGINAL EAST BOARD



The Beginning

east

1st Scientific Assembly
for the
Eastern Association
for the Surgery of Trauma

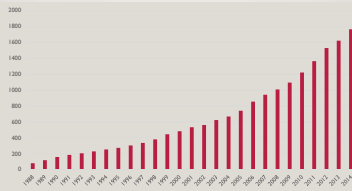
Longboat Key, Florida
January 13-16, 1988

Session I	January 14	7:15 AM - 12:00 Noon
Session II	January 14	2:00 PM - 5:00 PM
Session III	January 15	8:00 AM - 12:00 Noon
Session IV	January 16	8:00 AM - 12:00 Noon

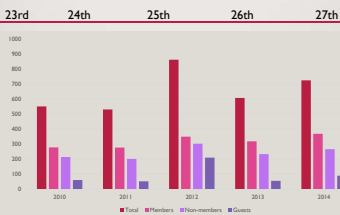


142 ATTENDEES

EAST MEMBERSHIP



MEETING ATTENDANCE



2016 EAST ANNUAL ASSEMBLY



• 870 attendees

WHAT THE EAST BRAND MEANS.....



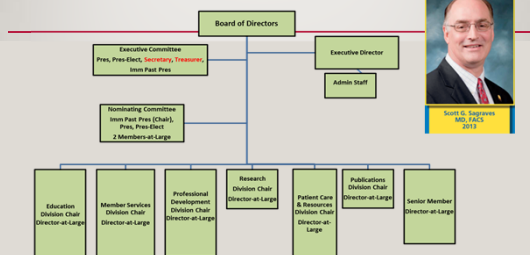
EAST MISSION

EAST is a scientific organization providing leadership and development for young surgeons active in the care of the injured patient through interdisciplinary collaboration, scholarship, and fellowship.

CORE STRATEGIC GOALS

- 1. Leadership**
Prepare young surgeons to become leaders
- 2. Development**
Promote unique programs for the career development of young surgical leaders
- 3. Scholarship**
Provide education and training across the continuum of acute surgical care
- 4. Fellowship**
Encourage a sense of community for personal professional growth
- 5. Collaboration**
Work with our stakeholders to advance patient care and trauma systems

CURRENT BOARD STRUCTURE

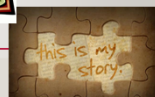


MY EAST STORY



- Joined in 2003
- Careers in Trauma Committee
 - Committee Member 2005-2008
 - Chair-2012-2015
- Program Committee – 2009 - 2015
- Scholarship committee – 2010-2012
- Practice Management Guideline Committee – Critical Care Section Chair – 2010-2011
- Board of Directors – 2012-present
- EAST Foundation Corporate Relations Committee -2013-2015
- President Elect – Jan 2015-Jan 2016
- President - Jan 2016-present

MY STORY



- Eastern Association for the Surgery of Trauma –*
- Teaching Trauma to the Video Generation - Course creator/director (Jan 2007)
 - Acute Care Surgery – Course creator/director (Jan 2008)
 - Acute Care Surgery – the Follow up – Course creator/director (Jan 2009)
 - Acute Care Surgery – Are we there yet? – Course creator/director (Jan 2010)
 - Challenges in Acute Care Surgery – Course creator/director (Jan 2011)
 - Surprise Sessions – Course director (Jan 2012)
 - Papers that Should Have Changed Your Practice – Plenary session (Moderator Jan 2013)
 - EAST Masters Workshop – Course creator/director (Jan 2013, January 2014)
 - Leadership Development Workshop: Part I – Course creator/director (Jan 2013)
 - Ultrasound for the Acute Care Surgeon - Course creator/director (Jan 2013)
 - Leadership Development Workshop: Part II – Course creator/director (Jan 2014)
 - No suit, No Tie, No problem: building relationships and fostering careers – session creator/director (Jan 2014, 2015)
 - Leadership Development Workshop Part III – Course creator/director (Jan 2015)

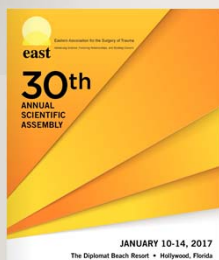
EAST MENTORS





It is not fair to
ask of others
what you are
unwilling to do
yourself.

Eleanor Roosevelt



ANNUAL SCIENTIFIC ASSEMBLY

- Attend the meeting
- Submit Work/Ideas
 - Abstracts
 - Workshops
 - Plenary Sessions
- Volunteer for the ICPV Community Outreach Event

CALL FOR VOLUNTEERS

- Online submission conducted in the summer
- Appointments finalized by the end of November
- Appointments made by new EAST president
- Typically a 3-year commitment



Bruce Crookes, MD
EAST President-Elect

NETWORKING!

- Annual Assembly:
 - Opening Reception
 - No Suit, No Problem Networking Event
 - EAST Dodgeball tournament
 - EAST Block Party



MENTORING PROGRAM

The goal of the Mentoring Program is promotion of academic and personal growth of the young trauma and acute care surgeon by providing extramural mentorship over a 1-year period.



Mayur Patel, MD, MPH



Paula Ferrada, MD

EAST Mentoring Section Chair

PRACTICE MANAGEMENT GUIDELINES

- Check "Guidelines Under Development"
 - EGS
 - Injury Prevention
 - SCC
 - Trauma
- Then "Volunteer!"
- Networking + Publications



Bryce Robinson, MD, MS
Guideline Section Chair

SCHOLARSHIPS

- John M. Templeton, Jr., MD Injury Prevention Research Scholarship
- Trauma Research Scholarship
- Executive Leadership Scholarship
- MITC Scholarship



EAST—GET INVOLVED!



The future belongs to those
who believe in the beauty
of their dreams.

Eleanor Roosevelt



Finding the Right Job: Knowing Yourself

Robert D. Winfield, M.D., FACS
Associate Professor of Surgery
Director of Trauma Research
University of Kansas Medical Center

30th Annual EAST Annual Scientific Assembly
Bridging the Gap: A Fellow's Workshop
January 10, 2017



Disclosures

- No financial disclosures relevant to today's topic
- Feel free to tweet my comments: @rwinfield11



Who are you?



Who are you?

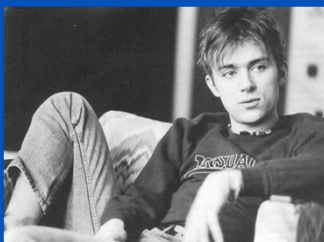
- In this deceptively simple question lies the keys to:
 - Finding the right job
 - Discovering work-life balance
 - Maximizing your efforts at home, at work, at the gym, etc.
 - Being happy in what you do each day

Who are you?

- In this deceptively simple question lies the keys to:
 - Finding the right job
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 - Maximizing your efforts at home, at work, at the gym, etc.
 - Being happy in what you do each day

Why?

Example #1



Damon Albarn

- Co-founds British rock band Blur in 1988 with childhood friend Graham Coxon
- Blur rapidly achieves success in the UK, sets out to conquer the music scene in the United States in the early 1990s
- They flopped in the U.S., confusing and frustrating Albarn and his bandmates
- Pushed by their record label to create a sound that was in keeping with the emergence of grunge in the United States



Damon Albarn

"There's no such thing as not going through it. To define yourself. It clearly made us the band we are today. As a songwriter, it transformed me. I suddenly realized I had a lot to say. As opposed to ... nothing to say. When we did the first record, it wasn't really on my mind. It was just about getting a band going. The visceral energy of being in a band is what I was interested in. And during that period [in America], I realized that, being in a band, you could express things that weren't necessarily visible to everybody."

Grantland Interview, May 11, 2015



Damon Albarn

- Albarn revolted against the changes being thrust on him and the band, choosing to create a uniquely British style
- Ultimately led to the "Britpop" phenomenon in the UK
- Albarn has used this as a springboard to create critically acclaimed music, theater, and opera with Blur, Gorillaz, and others for over 20 years
- To date, Blur has only had one top 10 single in the United States, the grunge parody "Song 2"



Albarn and Blur closing the 2012 Olympic Games in Hyde Park, London

What can we learn from Damon Albarn?



- At first, you're just happy to be doing what you're doing
- It's easy to fall into the trap of thinking that there is one way to achieve success
- Only "defining yourself" allows you to make decisions that are consistent with who you are and what you want to be
- Having that focus frees you to be the best you that you can be

KU MEDICAL CENTER

Example #2 - My first job



- Busy trauma center at a prominent research institution
- Basic research lab supported by internal funding and grants from the ACS and AAST
- Chair of the Resident and Associate Society of the ACS

KU MEDICAL CENTER

Example #2



Why am I so miserable?!



KU MEDICAL CENTER

Example #2



KU MEDICAL CENTER

Example #2



KU MEDICAL CENTER

Example #2



KU MEDICAL CENTER

Example #2



The Regents Room at the American College of Surgeons - ACS Surgeons as Leaders course

IF YOU DON'T KNOW WHERE
YOU'RE GOING, YOU MIGHT END
UP SOMEPLACE ELSE.

- YOGI BERRA



Example #2

- Who was I?
 - Husband
 - Father
 - Surgeon
 - Leader
 - Athlete
 - Researcher

What did I want to be?



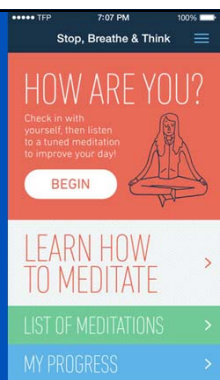
Example #2

THE MISSIONS	TOMORROW COMES TODAY.
<p>Overarching – To live, work, and play with love, compassion, energy, fun, style, and a relentless competitive spirit.</p> <p>The components: Self – To be of the soundest mind in the soundest body; to live a life of balance; to look and feel as good as possible; to channel passion and energy into positive outcomes.</p> <p>Work – To deliver optimal and compassionate care to injured patients and to advance the field to determine what is optimal and how best to deliver it.</p> <p>Family – To love one another; to be mentally sound and physically fit; to stick together even when distance divides us; to have fun.</p>	<p>Yesterday's preparation is what makes today's decisions, actions, and performance successful. Today's decisions, actions, and performance are what win the day and ensure the future.</p>

Example #2

- Meditation
- Regular review of missions and triangle through thought and journal entry

KU MEDICAL CENTER




Example #2



- I'm still at a busy trauma center, still doing research
- I am the Trauma Research Director at my institution
- I'm active in the ACS and EAST



What can we learn from Rob Winfield?



- You can get a long way by showing up, working hard, and continuing to look ahead to the "next thing"
- Your happiness and longevity will be improved, though, if you take stock of yourself and develop a clear vision of who you are and who you want to be
- If you continue to revisit that vision, you'll make good decisions day-to-day, and over the long term
- "The world is won by those who let it go." (Lao Tzu)



The Winfields and Damon Albarn/Blur at the Hollywood Bowl, Los Angeles, October 23, 2015

WHAT MAKES A GOOD APPLICANT?

NICOLE STASSEN, MD
EAST PRESIDENT



PERSONAL CHARACTERISTICS

- Leadership-Oriented
- Resilient
- Candid
- Competitive
- In Control
- Friendly
- Ambitious
- Competent
- Passionate
- Trustworthy
- Decisive
- Team-Oriented
- Goal-Oriented
- Good Communicator



KNOWING WHAT YOU WANT

- Academic vs Private Practice
- Practice Composition
 - Trauma
 - Critical Care
 - Emergency General Surgery
 - Elective General Surgery
- Research
 - Basic science
 - Clinical/Outcomes
- Teaching



*Knowing yourself
is the beginning of all wisdom.*
- Aristotle -

HAVING THE JOB MATCH YOUR INTERESTS/GOALS



HAVING THE QUALIFICATIONS FOR THE JOB




BEING PREPARED


- Research the institution
- Research the existing faculty
- Research the area
- Have well thought out questions

Talk to your Mentors!!!!!!




EAST CAREERCASTS







What to Know About Your First Job - An Interview with Dr. David Feliciano
- Careercast #1
05/22/2014
Interviewed by Dr. Jamie Coleman, Dr. David V. Feliciano discusses what to know about



Is it Time for a Career Change? - An Interview with Dr. Kimberly A. Davis - Careercast #2
06/23/2014
Interviewed by Dr. David Skarupa, Dr. Kimberly A. Davis discusses when it may be time



Differences and (dis)Advantages of Academic and Non-Academic Careers
- An Interview with Dr. Donald Kauder - Careercast #7
03/07/2015
Interviewed by Dr. Jamie Coleman, Dr. Donald Kauder discusses the differences and



Handling a Work Divorce - An Interview with Dr. Scott Sagraves - Careercast #8
03/09/2015
Interviewed by Dr. Jamie Coleman, Dr. Scott Sagraves discusses handling a "work divorce"... when you are happy at your institution but opportunities you can't refuse come your way.

[Listen](#) [Download](#)



THRIVE AT YOUR PERFECT FIT!



13 Years and Counting!



Different Practice Models

David A. Spain, MD, FACS

Different Practice Models

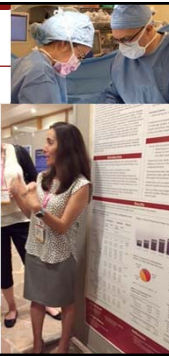
If you've seen one practice model,
then you've seen one practice
model...

Different Practice Models

- Every single practice model is different
- So, I have no *answers* for you
- But, we can discuss which *questions* you need to ask yourself

First question

- Academics or private practice?
- What is academics?
 - When most applicants say “academics” what they really mean is teaching
 - “I want to work with residents”
 - When I say “academics” I want to know what your research identity will be



Practice Models

Academics

- Patient care
- Research/scholarship
- Education (residents)
- Administration/service

Private practice

- Patient care
- Institutional and/or practice service
- Teaching (hospital staff)
- Community engagement

Questions common to both

- What is the work culture?
 - Is this a team, a group or a loose association of individuals?
- How stable is the model and leadership?
- What are my opportunities for development and growth?
- How do they handle money and what's the transparency?

Academic Questions

- What is commitment to the 3 missions (care, research and education) and how does that fit with my needs?
- How do I fit in?
- How can I contribute?
- How will I be mentored initially and then how will I be transitioned to independence (both clinically and academically)
- What is role/status of Trauma/ACS in the Dept and Hospital?

Private Practice Models

- Usually in community level II TCs
- Is this an employed or contract based model?
- Who runs the service and makes decisions?
- Is this a “trauma only” job?
 - Can I do general surgery?
 - Emergency *and* Elective
 - Who does Critical Care in the hospital?
- What is the hospital’s commitment to the Trauma Program?

Practice Model

- There is every kind of variation out there
- The challenge is to find the one that *best* fits your needs
 - It will not be a perfect fit
 - So, what are your core values or “must haves” that you need to be happy
 - Everything else is negotiable
- This really gets back to knowing yourself and what’s important to you

CONTRACTS



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



WVU Critical Care &
Trauma Institute

FIRST JOB

- 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



EMPLOYEE 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
- **EMPLOYEE**
 - 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. impmt 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 PDO?
- 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 rank, 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?

BONUS/INCENTIVES



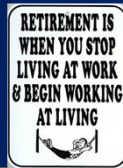
- Different eligibility: pure clinical vs clinical, education, service, research
- Highly variable
 - Only pay out if entire institution is profitable
 - Only pay out if entire department is profitable
 - Pay out if you exceed targets
- Flat Rate – set amt depending on funds available
- % - weighted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



Expectations and Measure of Work

Bridging the Gap: A Fellow's Workshop

EAST Annual Scientific Assembly 2017

Andrew C. Bernard, MD
Professor and Chief, Section on Trauma and Acute Care Surgery
Paul A. Kearney MD Endowed Chair in Trauma Surgery
UK College of Medicine and UK HealthCare
Lexington
@bernardtrauma



Overview

1. Clinical service
2. Teaching
3. Scholarly activity
4. Administration
5. Research
6. Soft measures

"The majority
of performing well
is showing up
and doing your job."



Kimberly Davis, EAST President

Clinical Service

1. Satisfactory peer and supervisory reviews (competency)
2. LOS
3. Mortality
4. Resource consumption
 1. Instruments
 2. Labs
 3. Radiology
 4. Staff (clinic/office)
5. Collaborative partnerships
6. Reviews by referring physicians
7. Patient satisfaction surveys
8. **RVU's**

**WORK
WORK
WORK
WORK**



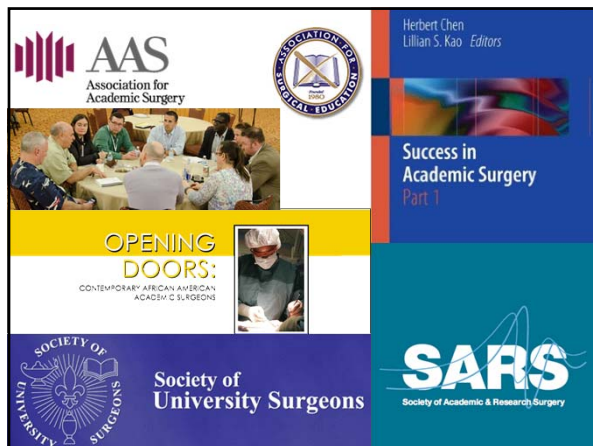
RVU's

- **Relative Value Unit**
- Unit of 'clinical work'
- Examples:

– 99223 (Initial H&P)	3.86
– 99291 (30-min crit care)	4.5
– Splenectomy	19.6
– Lap CCY	10.5
– SBR	20.8
- What will you need to produce?
 - **Approx** 8000 (based on FULL TIME)
 - 650/month



<https://www.aapc.com/practice-management/rvu-calculator.aspx>



Teaching

- **Direct teaching**
 - Lectures
 - Workshops
 - Small group facilitation
 - Precepting
 - Demonstration of procedural skills
 - Facilitation of on-line courses
 - Structured mentoring
 - Advising activities
 - Developing new instructional or curricular materials
- **Teaching evaluations**
 - Residents
 - Students

Scholarly Activity

- **Home institution:**
 - Technology transfer internally or externally
 - Protocol development
 - Evidence-based development or revision of organizational policy
 - Leadership or substantial role in quality improvement project that documents effectiveness or leads to improved processes, clinical care, or outcomes
 - Leadership role in the development or revision of evidence-based clinical practice procedures, guidelines, or treatment algorithms (e.g., order sets)
- **Program development**
 - Faculty development program development
 - Expansion/initiation/development of clinical program
- **Innovation**
 - Patents

Scholarly Activity-Cont'd

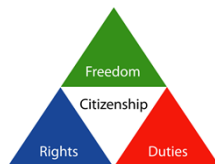
- **Leadership/expertise**
 - Invited lectureships/giving grand rounds
 - Service as a board reviewer or writing board review questions
 - Evidence-based consultation to public officials at community, regional, state, or national venues
 - Extra-university leadership roles, presentations of scholarship at national forums
 - Active service on a regional or national committee or a board related to clinical care, education, or research
 - Leadership role in a local, regional, or national conference or in a multidisciplinary intramural conference on education or clinical care
- **Research-related scholarship**
 - substantial contribution to a local or national clinical trial
 - poster or oral presentation at a local, regional, or national meeting
- **Obtaining funding**
 - Intramural or extramural funding for a clinical or educational project

Research

1. **Funding**
2. **Writing, including:**
 - Original research articles
 - Review articles
 - Case reports
 - Educational outcomes studies
 - Letters to the editor
 - Study guides
 - Textbook editing
 - Chapter authorship
 - Electronic dissemination (e.g. computer programs, videos, web-based)
3. **Reviews by collaborators, peers and external reviewers** indicating satisfactory performance

Softer Measures

- **Attendance**-Don't be a ghost.
- **Citizenship**-Striking a balance.
- **Crowd appeal**-It's (sometimes) all about the fans.



Summary of Performance Evaluation

- “Show up and do your job.”
- \$ Clinical productivity foundation
- More if in academics
- Soft stuff is more important than you think.

2017 EAST Meeting Bridging the Gap Fellows Workshop

Starting the Job Off Right

Staying out of the Chair Office

C. William Schwab, MD, FACS



Packaging, selection process

- Curriculum Vitae (CV)
 - Prepare how you address the weaknesses honestly.
- Letters: Inquiry and references
 - Technique or Etiquette
- Interviews...(3)
 - Take notes and schedule a post interview review session with yourself.
- Expectations ...clear and frank
- Redefining
 - Written, always written follow up.



..YOU should have a good idea of what and how the "place" works.....



Staying out of the Chair's (Chief's) Office

- *Good thing or bad thing.....???*
- Good chief will know a great deal about you.....and you won't know it.
- Good chief shows up when least expected... (*good thing*)
- Good chief will find a way to visit you...
"Roving is a critical skill of all leaders"

The Attractive Trauma Surgeon Intelligent and *Principled*

- Competent
 - Skilled but knows limitations
 - Professional skill sets
 - Verbal & Social
- Secure
 - Published
 - Funded
- Seasoned
 - Being Mentored
 - Motivated



Success Clinically

- Care at bedside – Doing
 - RVU's – Generating \$
- Teaching well and approachable
- Getting involved and available



Success Academically

- Thinking
 - Defining scholastic area

Writing – (\$ Medical School)

Seeking Mentors



Stalling in the Position

- Don't relate well to others
- Are self centered
- Don't inspire or build talent
- Are too narrow
- Don't deliver results



Fatal Flaws

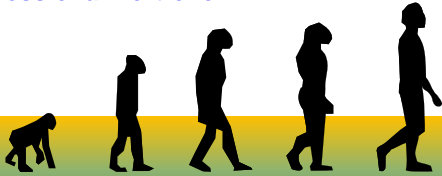
- Inability to learn from their mistakes
- Lack of core interpersonal skills
- Lack of openness to new ideas
- Lack of accountability
- Lack of initiative
- Lack of integrity



Success

- Settle in and socialize
 - Take some time to experience the practice
- Ask for help
- Seek mentors, coaches and guides
 - "hey can you take a look?"
- Get involved – (*pace yourself*)
 - Deliver on time (*Quality not quantity*)
- Understand there will be set backs
- Go to the Chief's office (at least once).

Exploiting your Niche: Developing a Professional Portfolio



P.J. Schenarts, MD, FACS
Vice Chair for Academic Affairs
University of Nebraska

Competency

Develop a short and long-range plan for accomplishing professional goals.

Objectives

- Articulate the relationship between your values, abilities, and motivations to your future career goals.
- Identify your current location on your career path and define your future goals.
- Develop a road map to your career goals.

The Approach:

- Understand who you are.
- Understand where you are.
- Understand where you want to go.
- Develop a road map.
- Execute the plan and document progression.



Lightening Exercise

Who are you ?

Take **2 minutes** to write down an answer to the following questions:

With respect to your future:

- What motivates you?
- What unique ability, skill or experience do you have?
- What unique value do you provide?

Where are you now ?

Take **2 minutes** and write down the responses to the following questions:

- Where are you today in your career?
- What skills or abilities are you currently improving to be more effective in your current role?
- What resources do you have that you're not using?

Where do you want to be ?

Take **2 minutes** to construct what you want your *Curriculum Vitae* look like in 5 years.

- Academic Rank
- Titles
- Roles & Responsibilities
- Committees
- Research & Scholarly Activities
- Regional & National Organizations



The classic concept of academic advancement was like a chair. You needed a different "leg" in domains of Clinical / Education / Research / Service



The "Chair" is broken.
Be a mammal not a dinosaur

In the modern era the better concept is to develop a niche and exploit it in the areas of Clinical / Education / Research / Service





Take **2 Minutes** and write down areas of synergy within your career interests



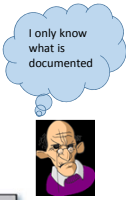
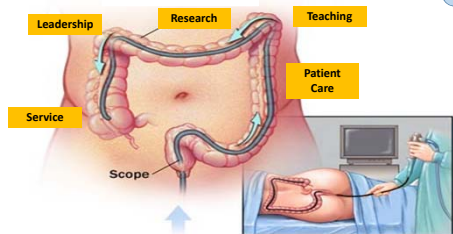
Gap Analysis (3 minutes):

- What resources do you need ?
- What skills do you need to develop ?
- What activities are you doing that are in alignment with your goal?
- For activities that are not in alignment with your goal; why are you doing them?
- Who is your mentor ?

Developing a Road Map (1 min):

- What are the 3 next steps you are going to take?
- How are you going to document your progress ?

Going up for promotion is a bit like a colonoscopy of your career.



Developing Your Promotion Portfolio

How to capture everything you're doing

Write down your contributions to:



Examples:

Patient Care

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

Write down your contributions to:

**Scholarly Activities
(Research)**

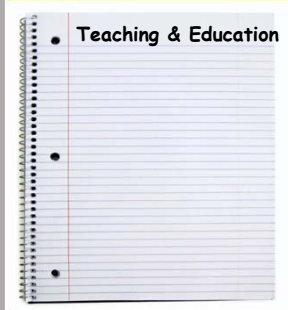
Examples:

Scholarly Activities

- 1) Quality peer-reviewed, publications
 - No cheating
 - Have copies
- 2) Involved in research
 - Interdepartmental **
 - Co-investigator OK, Lead ***
- 3) Submission of grant applications
- 4) Obtained funding
- 5) Journal reviewer or editorial board
- 6) Research presentations
- 7) Grand rounds
- 8) Invited presentations on research

Write down your contributions to:

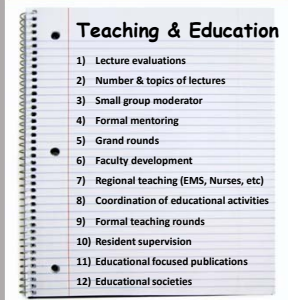
• **Teaching & Education**



Examples

• **Teaching & Education**

- 1) Lecture evaluations
- 2) Number & topics of lectures
- 3) Small group moderator
- 4) Formal mentoring
- 5) Grand rounds
- 6) Faculty development
- 7) Regional teaching (EMS, Nurses, etc)
- 8) Coordination of educational activities
- 9) Formal teaching rounds
- 10) Resident supervision
- 11) Educational focused publications
- 12) Educational societies



Write down your contributions to:

• **Service Activities**



Examples:

Service Activities

- 1) Program leadership
- 2) Committee membership
- 3) National organization committees
- 4) Community serve or outreach
- 5) Prevention activities

Miscellaneous Stuff:

- 1) Civic appointments or awards
- 2) Military service
- 3) Continuing education activities
- 4) Typically only stuff done at your current institution counts
- 5) Every place has it's own rules, be sure to follow them EXACTLY
 - ECU: 3 inch limit for documents
 - Nebraska: Special CV format
 - U of KY: Required community out reach
 - U of Kansas: Almost no rules

Warnings



- No lying !!
- Do not double count, certainly avoid triple counting
- Do not overstate your contributions

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 (Number 99) getting the team's first fumble of the session.

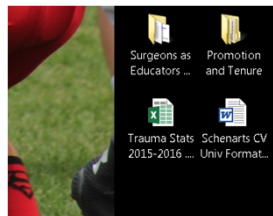
Don't submit this for promotion !!

Do look at the bottom right of my computer desktop !!



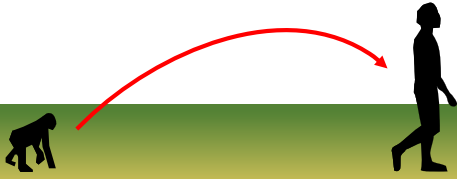
Make your CV a living document:

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 Tennessee, College of Medicine	
2012 - Present	Hospital Quality Committee
2012 - 2014	Special Care Committee
2012 - 2014	University of Tennessee Trauma Peer Review Committee
2012 - 2015	Comprehensive Care-Based Safety Program (Blood Screen Referrals)
2012 - Present	ABU / APCU Quality Trial Committee
2012 - Present	Clinical 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 #8 Representative to Physician Leadership Committee for Proposed Accountable Care Organization
2012 - Present	Residency Competency Committee
2013 - Present	Department of Surgery, Promotion & Tenure Committee, Chairman
2013 - 2014	Physician Engagement Group
2013 - 2014	One Team Initiative Joint Planning Committee
2014 - Present	Education Development Institute Committee
2014	Acute Care Strategic Planning Committee
2014 - Present	Scholarship Medicine Quality Steering Committee
State of Tennessee, Tennessee State	
2014 - Present	Trauma Center Designation Committee
2014 - Present	Hospital Site Reviewer
2015 - Present	Representative of the Tennessee Committee on Trauma, American College of Surgeons
2015 - Present	Surgeon Planning Task Force
2015 - Present	Regulatory Committee (Ad Hoc)

Hopefully this information has helped



STARTING THE JOB OFF RIGHT: ADVANCING YOUR CAREER

(AKA TALES FROM THE CRYPT)

BRIDGING THE GAP: A FELLOW'S WORKSHOP
EAST 2017

RONALD I. GROSS, MD, FACS
Chief, Division of Trauma, Acute Care Surgery & Surgical Critical Care
Baystate Medical Center
Associate Professor of Surgery
UMMS-Baystate Medical School



DISCLOSURES

- I would have done a whole lotta things differently
- I am thankful for many mentors over the years
- The most important thing they taught me was how to listen
 - There is a reason why we have two ears and one mouth!!



THE DOWN AND DIRTY

- Remember 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
- Don't be afraid to learn new techniques and technologies – from your senior AND younger partners



THE DOWN AND DIRTY

- Never be afraid to step forward to help
- If you offer, DELIVER
- Remember that you are not alone
 - Succeed with and not in spite of people
 - Collaborate whenever possible
 - Give more credit than you take

BE THE PERSON YOU WANT TAKING CARE OF YOU

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

WORK TO MAKE A DIFFERENCE: PEOPLE WILL TAKE NOTICE

- Advocate for your patients
- Advocate for your colleagues
- Get involved in your state ACS chapter
- Get involved in your state COT chapter

AND ONE LAST KEY POINT

**DON'T EVER PISS OFF
THE BOSS!!**
