



Eastern Association for the Surgery of Trauma
Advancing Science, Fostering Relationships, and Building Careers

Bridging the Gap: A Chief Residents & Fellows Workshop

**January 15, 2019
JW Marriott Austin
Austin, Texas**

Workshop Director: Jennifer Knight Davis, MD

Faculty: Hasan Alam, MD, Eileen Bulger, MD, Jennifer Hartwell, MD, Scott Hartwell, MBA, Jennifer Knight Davis, MD, Nicole Stassen, MD, Alison Wilson, MD

Schedule:

| | |
|-------------------|---|
| 1:30 pm – 1:40 pm | Introduction – Jennifer Knight Davis, MD |
| 1:40 pm – 2:00 pm | Living Life – Jennifer Hartwell, MD & Scott Hartwell, MBA |
| 2:00 pm – 2:40 pm | Contracts – Alison M. Wilson, MD |
| 2:40 pm – 3:20 pm | Success in Your Job: The Day to Day – Hasan Alam, MD & Nicole Stassen, MD |
| 3:20 pm – 3:40 pm | Break |
| 3:40 pm – 4:40 pm | Planning for the Future – Eileen Bulger, MD |
| 4:40 pm – 4:55 pm | Q/A |
| 4:55 pm – 5:00 pm | Wrap-Up – Jennifer Knight Davis, MD |

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

Life

Jennifer L. Hartwell, MD

Assistant Professor of Surgery

Scott A. Hartwell, MBA

Risk Manager, Discover Financial Services




Department of Surgery

Indiana University School of Medicine

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Disclosures

- Scott: Employed by Discover Financial Services, talk does not endorse any particular company or services
- Jen: none




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Life

- ~~Work Life Balance~~
- ~~Home Work Balance~~
- ~~Work Family Balance~~
- ~~Working Parent~~
- Life Rhythm



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Family





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Timeline


- 1998: Married
Scott in Army, Jen teaching school
- 2000: Jack born (Hopkinsville, KY)
- 2001: Started Med School (Dayton, OH)
- 2002: Allie born
- 2005: Started Surgical Residency (Chicago)
- 2007: Ben born
- 2009: Sam born
- 2010: Started Fellowship (Memphis)
*Family stayed in Chicago
- 2011: 1st Attending Job (Columbus, OH)
*reserve for emergencies, damn near killed us


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Timing...


- When should I start a family?
 - Whenever you want
 - There is never enough time, money
- When should I start looking for a job?
 - Yesterday: engage early
- Should I get another degree?
 - Only if it will advance your career goals


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The Obstacles to Everything...

- Time
- Money
- Sleep



7

Our Family Rhythm

- Fluid roles/responsibilities
Cooking, cleaning, errands, shopping
- Outsource
Superior childcare
 - Au pairs, nanny, traditional childcare
Cleaning
Taxes
- Communication
Shared digital calendar (Google)
Shopping list (Alexa)
Leave notes (sticky, Dry Erase on mirror)





8

Finances

- Do the things “experts” say
Set a budget
Don’t spend money you don’t have
Listen to your better angels
Prepare for the future





9

Build a Team

- Financial Planner
 - Life insurance
 - Disability insurance
 - Retirement
 - Asset protection
 - College funds
- Tax Planner





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Say “No”

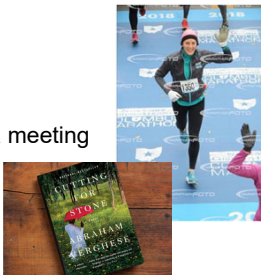
- At Home
 - Every practice/game/rehearsal/show
- At Work
 - Extra projects/dinners/promotions
- With Friends
 - Weekend trips/coffee
- With Family
 - Travel for holiday/dinners/birthdays



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Say “Yes”

- Time for self-care
 - Schedule exercise like a meeting
 - Eat better
- Read
 - For pleasure, spiritual
 - For work
- Connect with spouse/family/loved ones
 - “Wine Date” at home




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Pro Tips

- Curtail Social Media Use
- Volunteer
- Stop comparing yourself to someone else
- Forgive yourself, stop apologizing, release guilt
- Forgive your family
- Don't announce your schedule, just live your life
- Read, write, pray

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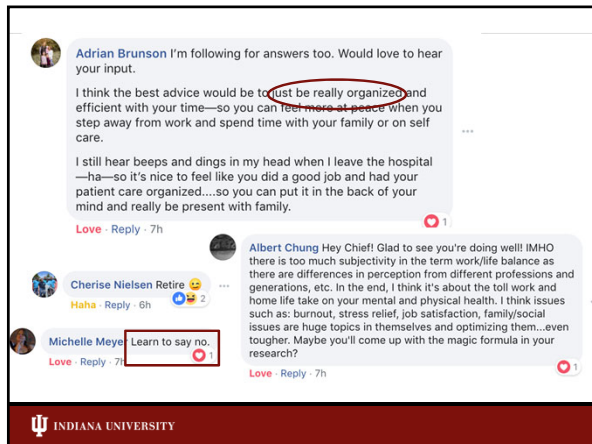
Crowd Sourcing

- Stay humble, we are ALL trying to *Life Rhythm*
- FaceBook Survey
 - RN, MD (EM, surgery, ortho), NP
 - PharmD, ST, Chaplain
 - Corrections officer
 - International Business Executive
 - Teacher
 - Engineer
 - Consultant
 - Artist
 - Entrepreneur
 - Work from home mom

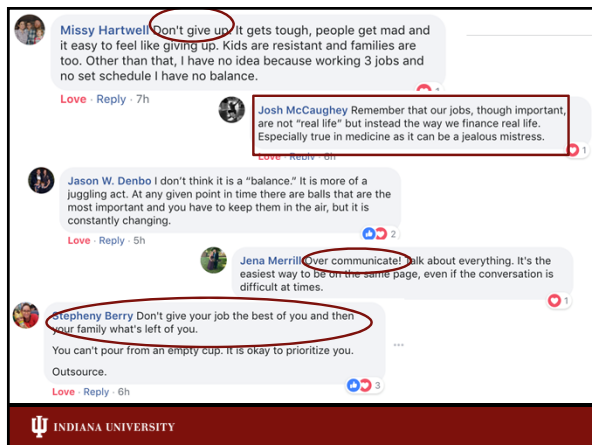
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The screenshot shows three Facebook comments. The first comment from Lisa Hoffner Long says: "Give yourself at least 30 minutes of quiet every day. This means no cell phones, no TV or radio on. Just sit or lie with eyes closed, breathe in and out calmly, think about nothing." The second comment from Tiffany Clark says: "Date nights! Don't stop 'doing it'... I was seriously told this as a piece of advice... always kiss before going to bed and before I leave... hubby and kids! Don't go to bed angry! I stay up extra to have some me time and decompress... this sometimes includes a glass of wine or beer! And we use a family calendar on our phones to know when things are or if they change! This including my assignments for school! Sometimes stuff can wait till tomorrow... I had the hardest time with this Bc I am a perfectionist! I think that saved my sanity! And that it is hard!" The third comment from Anjali Thawani says: "Don't try to be perfect. This will take a lot of stress off of you." Below it, a comment from Collin O'Hara says: "Love the rule of 5. Will this matter in 5 minutes, 5 months, or 5 years? Helps me decide what is worth getting upset over and what to blow off."

15



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17



18

Vickie Graymire No one promises you tomorrow!!
Love · Reply · 1h

Sam Silvers Work to live, not live to work!!!!
Love · Reply · 1h

Gayle Minard Learn how to say no that took me until I was going to bed at 2 or 3 AM (working), then getting up @7 to go to work. I would wave at my husband as he would get up to study when I went to bed. I had one presentation in Sanibel (my favorite place) and had to work in THE HOTEL ROOM the whole time to get ready for another presentation a week later across the state. That's when I finally figured it out!
Love · Reply · 2h

Liz Dauer Only say yes to things at work that are going to get you to your ultimate goal whatever it may be. Forego the other stuff since it won't help you to achieve what you may want to achieve.
Love · Reply · 1h

Sarah Gillenwater You can't have balance without a strong core. Find your center focus and everything else can fall in line. Weak core = off balance.
Love · Reply · 1h

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Amy Mecozzi Cho Dr. Corey Martin gave an amazing talk at Bounceback Project conference: Live intentionally so "if I will have no regrets if I die today and no regrets if I die 50 years from today." I think the key is to know what it is that is important to you and to be sure you are striving for that instead of letting yourself get sucked into things that aren't. He also showed this slide...

Connie Johnson Long I often think about Oprah's assertion that "whatever you focus on expands." Think about what you want more in your life. That's what you should focus on...and vice versa.
Love · Reply · 3h

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Katie Hamlin In no particular order:

1. Use a shared calendar 📅📅📅 Everyone adds to it. Even the little things. It reminds the "house" we all have shit to do. Also it creates dialogue "Mom, dad has a colonoscopy on Tuesday. That's so gross" It's nice to check in on each other.
2. In the wise words of Elsa, let it go. It's ok to let's things go. You can always jump back in when you're ready.
3. Family first. Always.
4. Lean on your support system (family, friend, carpool group)
5. If you don't have a support system, find one or even two groups of people.
6. Cabernet Sauvignon
7. Dry shampoo
8. Laugh often.

Love · Reply · 3h

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Heard over and over...


- Learn to say “no”
- Create boundaries
- Give yourself some grace
- Find your core, stay true to it

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Summary

- Talk, communicate more than you think you have to
- Define who you are, your values, and stay true to them
- Extend grace to yourself and others

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CONTRACTS

WHAT YOU HAVE TO KNOW



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





1

BEFORE YOU GET STARTED

• MUST Dos
• KNOW YOURSELF !!!!!

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



2

JOB OFFER !!

• NOW WHAT ???

- Want it to be fair
- Want to have reasonable assurances
- Want what is market
- Don't want to be viewed as needy, pushy, or petty
- Remember, this sets tone w your New Boss





3

OFFER LETTERS

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

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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



5

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



6

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



7

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)



8

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



9

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



10

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



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VACATION TIME

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



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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?



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DISABILITY INSURANCE

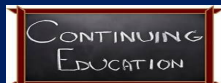
- What is the coverage?
- When does it kick in?
- Who pays for it?
- How does policy define "disabled"?
 - No longer can do your current job but still can do physician job?
 - No longer can work at all
- What are benefits?
 - Pays to keep at your current salary, comparable salary in your specialty or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



14

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?



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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



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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



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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

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HOW IS YOUR OTHER TIME TREATED?

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



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BONUS/INCENTIVES

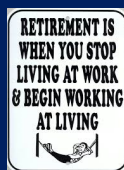
- Different eligibility: pure clinical vs clinical, education, service, research
- Highly variable
 - Only pay out if entire institution is profitable
 - Only pay out if entire department is profitable
 - Pay out if you exceed targets
- Flat Rate – set amt depending on funds available
- % - weighted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



20

RETIREMENT

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



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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



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 **WVU** Critical Care &
Trauma Institute



23

Success in Your Job

Hasan B Alam, MD
Norman Thompson Professor of Surgery &
Head of General Surgery

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Disclosures

I do not have any relevant financial relationships with any commercial interest that pertains to the content of my presentation.

I do owe my academic success to numerous mentors, collaborators, partners, and trainees.

2

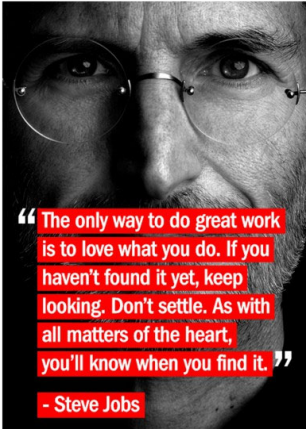
Topics

- Finding the right job
- Negotiation tips

3

**Your First Job Will Dictate
the Trajectory of Your
Academic Life**

**DON'T
SETTLE**



**“The only way to do great work
is to love what you do. If you
haven't found it yet, keep
looking. Don't settle. As with
all matters of the heart,
you'll know when you find it.”**

- Steve Jobs

4

HOPE IS NOT A STRATEGY

5

We create our own future

**I AM
THE MASTER OF
MY FATE AND
THE CAPTAIN OF
MY DESTINY.**

- Nelson Mandela

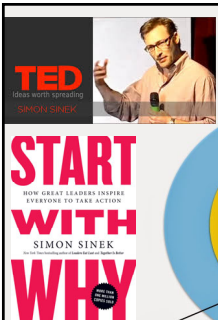
**Your choices and actions today =
your life 10 yrs from now**

6


Before Starting- Ask Yourself

- Who are you?
- What are YOU passionate about?
- What are YOUR strengths and weaknesses?
- WHY do you do what you do?

7



START WITH WHY
HOW GREAT LEADERS INSPIRE EVERYONE TO TAKE ACTION
SIMON SINEK



Why are you doing this?
Purpose
Driven by cause/belief

How?
How will you address this?
Process
Specific Actions

What?
What will you achieve?
Result
Outcome

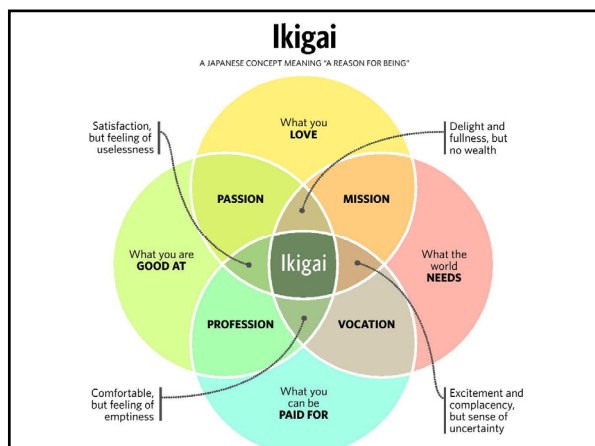
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Purpose?



Job **Career** **Calling**

9



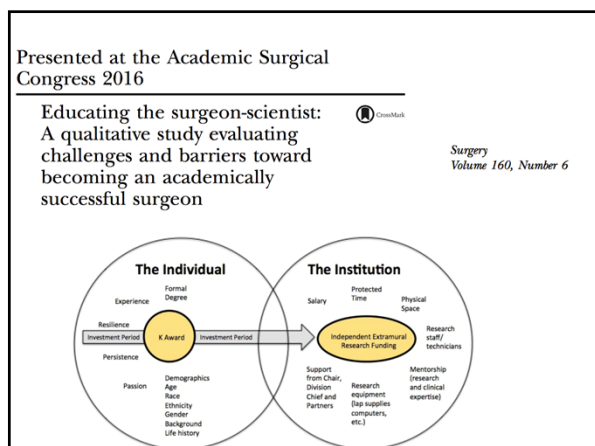
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Your First Job

- Make or break decision
- **Drivers**
 - Academic: Unclear to most
 - Clinical: Easy to understand but over emphasized
 - Personal: Often ignored
 - Financial: Distractor
- You will become what you sign up to be

Not a fatal mistake, but recovery is tough
Take it EXTREMELY seriously

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What Chairs are Looking for

Chairs: Top 10 list to identify candidates poised for academic success

1. Passion for research
2. Persistence in working toward a goal
3. Collaboration/teamwork
4. Resilience
5. Research training/experience
6. Formal research degree(s)
7. Track record of publications
8. Clear goals and expectations
9. Defined research plan
10. Clinical excellence

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What Applicants are Looking for

Surgeon-scientists: Top 10 list to ensure institutional support for academic success

1. Protected research time
2. Salary support to offset clinical productivity demands
3. Mentorship (formal)/mentor networks
4. Initial research funds
5. Personnel (technicians, etc)
6. Laboratory space/computing infrastructure
7. Supplies (equipment, computer, etc)
8. Support from chair
9. Support from division chief
10. Support from division partners

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At Least 2 Years Before the Job Search

- Take time to reflect on what inspires **YOU**-be honest
- Decide what you want to achieve personally and professionally, over the next decade
- Seek input from mentors, role models, past residents
- Learn from their mistakes, but remember that you are not reliving their life

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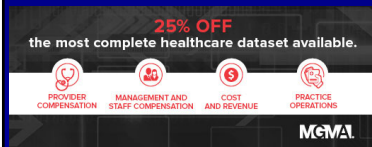
At Least a Year Before

- Finalize the short list
- Update your CV
- Line up referrals
- Do your homework
 - Institution, leadership, faculty
 - Resources, mentorship, collaborators
 - Success rates of new hires last 5 years
- Know YOUR worth (not just the market average)

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Salary

- **Basic rules:**
 - You should get fair compensation for fair work
 - Know and understand the benchmarks
- My opinion: Your job is more than a pay check. A bad job with an excellent salary is still a bad job



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Applying for the Job

- Send Cover letter and CV: July- August
- First interviews: October-Dec
- Second interviews: Jan-March
- Job offer: Jan-April
- Start: July-Sep

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First Visit

- Before visiting, make sure that you:
 - Understand yourself
 - Understand the job
- Remember- They are all evaluating you
- Goal is to impress them, and get invited for the second visit
- Don't ask about salary
- Look for inconsistent messages, evaluate resources, culture, faculty satisfaction

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Second Visit

- Your turn to evaluate them
- Four “boxes”
 - **Clinical:** patients, partners, team , resources, OR time, clinic etc
 - **Academic:** space, start up funds, mentors, resources, collaborators, protected time, etc
 - **Financial:** compensation, incentives, “eat what you kill” vs. salary, taxes, “at risk”, raises, etc
 - **Personal:** house, commute, schools, facilities, community, proximity to family etc

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Do you really understand?

- What is the clinical need?
- What exactly are you being hired to do?
- Who is your boss?
- What do your partners think you are being hired to do?
- How will success be measured, and who will do it?
- Metrics must be reasonable, achievable and align with your priorities
- What are the opportunities for growth?

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After the Second Visit

- Ask questions, go for additional visits if needed
- Get ready to negotiate:
 - Surgeons are not well-trained to negotiate
 - Prone to serious under- and over-estimation
 - Do your homework and be ready to defend **YOUR** “ask”
- What somebody was offered elsewhere is largely irrelevant
- Negotiations should be driven by values

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Offer

- Do you UNDERSTAND it?
- If not, get help from mentors, or/and lawyers
- What you want to do, and what they actually want you to do must align
- Don’t assume anything
- Recruitment package (this is when you have max leverage, but use it wisely)
 - Clinical
 - Research

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Key Questions

- Is this the job that YOU want?
- Is this a CULTURE that you want to join?
- Is the boss a good leader, and clearly committed to your growth?
- Alignment between personal and institutional goals?
- How will success be measured?

You Need Adequate Resources to be Successful, and Receive Fair Compensation

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Important Points

- You must be able to defend your ask with numbers and rationale
- Your past record is a predictor of future accomplishments. Does your background inspire confidence?
- Smart chairs are investing in your future, not the present
- Show that you are serious (e.g. specific aim page for the K08)

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Important Points

- You want to be on the team that will give you the best opportunity to reach your full academic potential
- Remember the 4 “boxes”
 - Perfect: 4/4
 - Great: 3/4 with some soft compromises
 - Settling: Any critical compromise
- This job should help you evolve into who you want to be in 7-10 years

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Learn from the Best

Identify people who are better than you

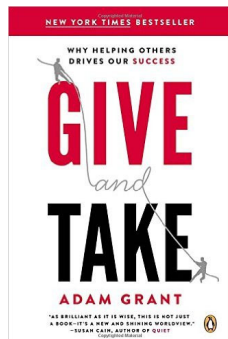
and work with them

Professional success need mentors & collaborators

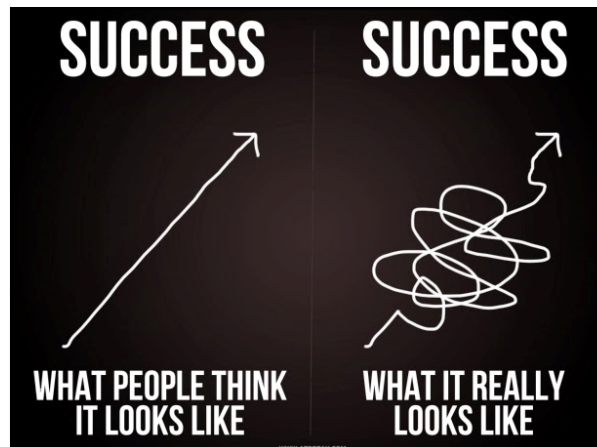
People who push you to be the BEST that you can be

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Be Ready to Give More Than You Take



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29

- Don't go for an "easy job"
- Learn new skills
- Take on new tasks
- Failures are expected, but
- Not learning from mistakes is unacceptable
- Evolve into the person you want to be in 10 yrs



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**Great Life = Loving Family +
Rewarding Work**

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Marry the Right Person

Take Care of Your Family

**30 years from now, nobody else will
be there for you**

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Strategies for Finding the Right Job

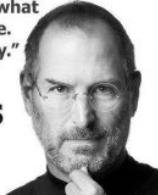
(my biased opinion)

- Find your passion
- Plan well, and start early
- Understand the job
- Your personal goals and the needs of the job must align
- Money will follow, but a bad job with an excellent salary is still a bad job
- Negotiate based on values: Ensure that you get the resources to succeed and a fair wage
- But, don't be greedy


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"Your time is limited, so don't waste it living someone else's life. Don't be trapped by dogma — which is living with the results of other people's thinking. Don't let the noise of others' opinions drown out your own inner voice. And most important, have the courage to follow your heart and intuition. They somehow already know what you truly want to become. Everything else is secondary."

Steve Jobs
1955-2011





Success in Your Job: The Day to Day



Bridging the Gap: A Fellow's Workshop


Nicole A. Stassen, MD, FACS, FCCM (@NAJSW)
Professor of Surgery
University of Rochester
Rochester, NY



1

Disclosures

I have nothing to disclose.






(This is a snapshot of the topic. So much more than can be covered in this session.)

2

Overview

- Meeting Expectations
- Essential Society Memberships
- Being a Leader

3

Meeting Expectations: Tips to Killing it in Your First Job

- The position itself
- Your own career goals
- The organizational culture



4

The Position Itself




5

Your Own Career Goals

- What do *you* want to do?
 - Clinical?
 - Trauma
 - General surgery (elective/emergent)
 - Critical care
 - Research?
 - Teaching?
 - Leadership?
- Where do *you* see yourself in 5 years?
 - Be realistic about what you are getting into



6




What to Know About Your First Job - An Interview with Dr. David Feliciano - CareerCast #1

10/22/2014


Interviewed by Dr. Jamie Coleman, Dr. David V. Feliciano discusses what to know about your first job.

Listen Download

- Identify and develop your niche
 - Clinical
 - Research
 - Education
 - Advocacy
 - Etc...
- Mentorship
 - Guides you through the complex nature of medicine
 - Senior
 - Peer
 - You have to do your part




7





What to Know About Your First Job - An Interview with Dr. David Feliciano - CareerCast #1

10/22/2014

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Listen Download

- What support services do you need?
 - Admin support
 - Clinic nurse
 - APPs (clinic/floor/ICU)
 - Resources for research
 - Can't do research in a vacuum







8

The Culture



Versus



9

Careercast

What to Know About Your First Job - An Interview with Dr. David Feliciano - Careercast #1

Download

10/22/2014

Interviewed by Dr. Jamie Coleman, Dr. David V. Feliciano discusses what to know about your first job.

UR

Medicine

- Really important to be happy
 - Don't be pigeon holed out of activities that make you happy

If you loose your enthusiasm for the job you will do a bad job.

10

Essential Society Membership:
What Organizations to Join and When

- Start with organizations that embrace young people
 - SCCM
 - Association of Academic Surgery
 - Local chapter of ACS
 - SIS
 - EAST

Become Visible

Submit Work, Volunteer for Committees,...

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Essential Society Membership:
What Organizations to Join and When

- Pick and choose streams/bundles
 - AAS – SUS – American Surgical
 - SCCM –EAST-AAST-ACS (local chapters)
 - Southeastern surgical, Central surgical, Southwestern surgical
 - Clinician educators – ASE, ASPDS, ABS

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Essential Society Membership: Community Based Surgeon

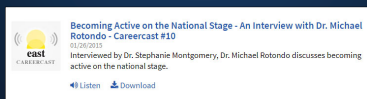
- Potentially more locally than nationally active
 - ACS embraces community based surgeons
 - American Board of Surgery – teaching
 - More politically active – local medical societies
 - More active in hospital



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Essential Society Membership: Academic Center Based Surgeon

- Research is essential to rise through academic ranks in your home institution and traditional surgical societies
 - Research comes in many forms
 - Research in education



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Being a Leader: Never too Early to Start

- Job #1 - *HAVE* to establish your credibility
 - Good surgeon
 - Educator
 - Establishing your research streams
- Hospital committees
- Educational programs
- Society committees

Get to know the people.
Do the work.



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Summary

- Develop your niche
 - Clinical
 - Research
 - Education
- Society Membership
 - Start with the ones that welcome younger professionals
 - Be visible
 - Submit work
 - Volunteer
 - Follow through







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Conclusion

Take *Your* Path,
Not The One Someone Else Wants For You

If You Have Doors That Are Open, *You* Have
 To Walk Through Them




Maintain Balance in Your Life





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Success in Your Job: The Day to Day

Bridging the Gap: A Fellow's Workshop

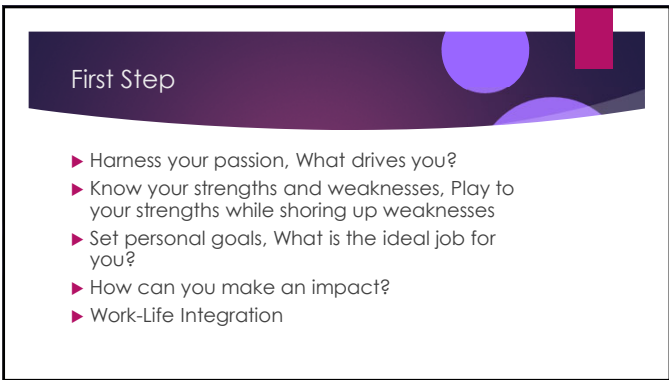
Nicole A. Stassen, MD, FACS, FCCM (@NAJSW)
 Professor of Surgery
 University of Rochester
 Rochester, NY

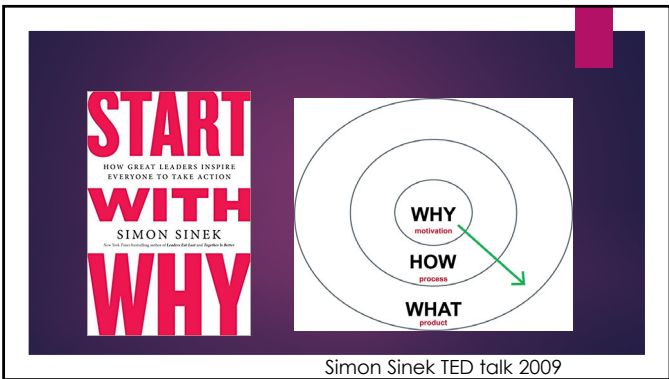
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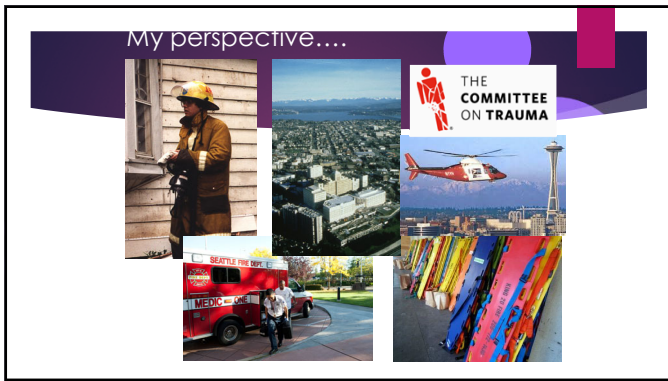
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6

The Outcome

Seattle Times photos

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What is the COT's role in this outcome?

- ▶ Injury Prevention
- ▶ Stop the Bleed
- ▶ Hartford consensus
- ▶ EMS protocols/Field triage
- ▶ Level III benchmarking
- ▶ ATLS/ATCN/RTDCC
- ▶ Trauma center standards
- ▶ Pediatric readiness
- ▶ Best practices: Massive transfusion
- ▶ Continuous quality improvement: TQIP

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Academic Surgery: The 4 Legged stool

- ▶ Clinical care
- ▶ Education
- ▶ Research/Scholarship
- ▶ Service/Administrative



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Clinical Care

- ▶ Core to nearly all career paths
- ▶ Must be a good clinician first
- ▶ Keep the patient in the center of everything you do
- ▶ Decide how you want to balance your time: Trauma, Emergency GS, Elective GS, Critical Care



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Education

- ▶ We are all educators
- ▶ Surgical Education as a career path
 - ▶ Curriculum development
 - ▶ Simulation
 - ▶ Course director e.g. COT courses
 - ▶ Residency/Fellowship Program Director
- ▶ Keep a Teaching Portfolio for promotion



11

Research/Scholarship

- ▶ Define your research focus
- ▶ Mentorship is critical: Build a mentorship team
- ▶ Funding is critical: Start with society grants, young investigator awards, will your institution support you in a K award?
- ▶ Need adequate research infrastructure & protected time
- ▶ Attend national meetings
- ▶ Every abstract should become a manuscript



12

Administration = Leadership

- ▶ Trauma Medical Director
- ▶ Trauma QI director
- ▶ ICU director
- ▶ State COT Chair or Vice Chair
- ▶ Chair of State trauma committee
- ▶ Associate director positions

Seek out administrative positions that align with your goals

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Service

- ▶ Service to institution
 - ▶ Committee work, QI, program development
- ▶ Service to Profession
 - ▶ Guideline development, Health policy
 - ▶ Active involvement in Professional societies
 - ▶ Journal reviewer
 - ▶ Grant reviewer
- ▶ Service to Community
 - ▶ Stop the Bleed
 - ▶ Military service
 - ▶ Disaster team member
 - ▶ Community outreach

Service is important and rewarding but need to ensure adequate time for scholarship

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Professional Societies

- ▶ Networking is critical (and fun!)
- ▶ Local/regional societies
 - ▶ Engagement in local trauma system
 - ▶ Builds relationships with referring physicians
 - ▶ Early leadership opportunities
- ▶ National societies
 - ▶ Pick two or three to devote you energy to
 - ▶ Clinically relevant
 - ▶ Scientifically relevant

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How to get Involved?: AAST

- ▶ Become an Associate Member
 - ▶ Opportunity extends from residency until 5 yrs after achieving FACS
- ▶ Complete a committee volunteer form
 - ▶ Committee assignments are made by the President
- ▶ Submit abstracts to the meeting
- ▶ Apply for a Junior faculty Research Scholarship
 - ▶ Trauma & EGS scholarships available



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How to get involved: ACS Committee on trauma

- ▶ Join your State COT
 - ▶ Ask your state chair for opportunities to participate in State and Regional activities
 - ▶ Mentor a resident for the resident paper competition & serve as a regional judge
 - ▶ Become a Vice chair (no term limit & no limit on number of Vice Chairs from a state)
 - ▶ Vice chairs can attend the national COT meetings and participate in committee work.
- ▶ Apply for the Future Trauma Leaders Program
 - ▶ Eligible for first 5 years following completion of fellowship training

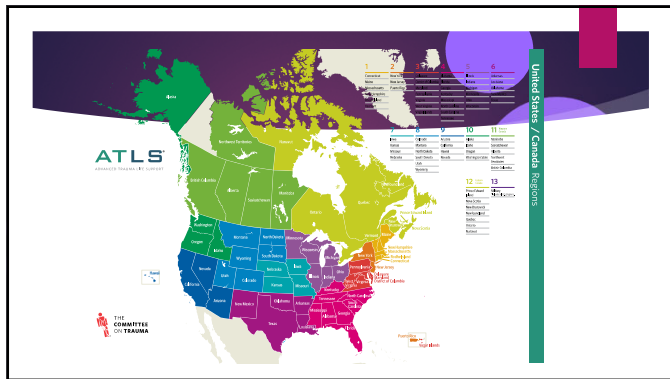
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Committee on Trauma >100 Committees on Trauma

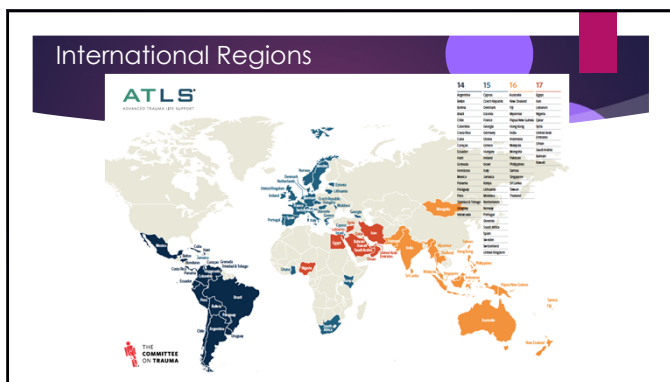
- ▶ National Committee on Trauma - 100 members
- ▶ 10 US regions
 - ▶ 57 Committees on Trauma
- ▶ 2 Canadian regions
 - ▶ 8 Provincial Committees
- ▶ 1 Military region
 - ▶ 5 Committees on Trauma
- ▶ 4 International regions
 - ▶ Multiple Country committees on Trauma
- ▶ Approximately 3,500 members total



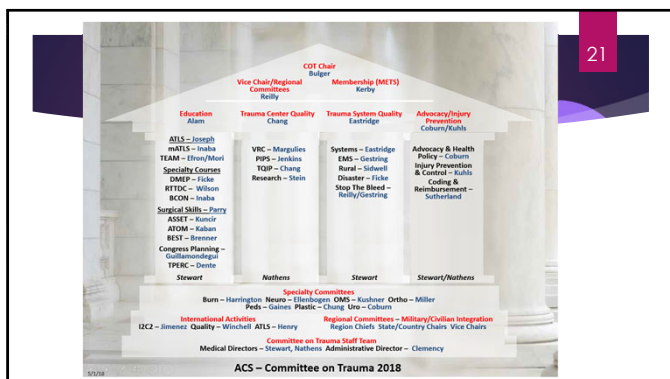
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Future Trauma Leaders Program

- ▶ Immersion experience in COT activities
- ▶ Junior faculty
- ▶ Four participants/ year
- ▶ Mentorship
- ▶ Early engagement in COT



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Mentorship & Sponsorship

- ▶ Mentors
 - ▶ Will advise and guide you throughout your career
- ▶ Sponsors
 - ▶ Will nominate you for key positions
 - ▶ Promote you to others

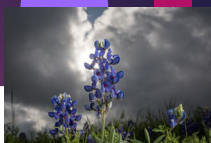


"Just do something with Hypertonic Saline",
Ronald V. Maier, MD

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Dr. Stewart's 7 P's to B

- ▶ Participatory
- ▶ Professional (Patient comes first)
- ▶ Problem Solver (Promote a culture of Yes)
- ▶ Process Improvement Leader
- ▶ Passionate
- ▶ Patient
- ▶ Perseverant



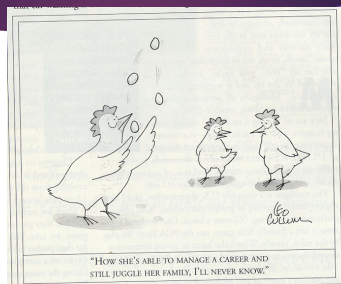
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Professional Development

- ▶ Health Policy & Leadership Scholarship
- ▶ ACS Leadership & Advocacy training
- ▶ Advanced degree's: MPH, MSc, MBA, PhD
- ▶ Grant writing workshops
- ▶ Executive Leadership and Management (ELAM)
- ▶ Media training
- ▶ Personal coaching

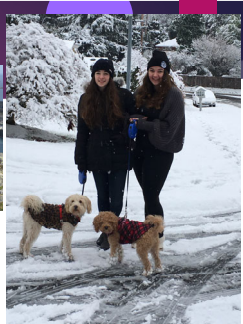
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Work-Life Balance?



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WORK LIFE INTEGRATION



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