

Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

Strategic Professional Development An EAST Leadership Development Workshop

January 15, 2019 JW Marriott Austin Austin, Texas

Workshop Directors: Brian Brewer, MD, Jennifer Hartwell, MD, Jennifer Knight Davis, MD, Gary Marshall, MD & Ayodele Sangosanya, MD

Faculty:

Hasan Alam, MD, Andrew Bernard, MD, Eileen Bulger, MD, Brad Dennis, MD, Marc de Moya, MD, Stanley J. Kurek, Jr., DO, Fred Moore, MD, Nicole Stassen, MD, S. Rob Todd, MD, Alison Wilson, MD

Schedule:

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8:00 am – 8:15 am	Introduction – Brad Dennis, MD
8:15 am – 8:45 am	Getting Active in National/Regional Surgical Organizations – Andrew C. Bernard, MD
8:45 am – 9:15 am	Who Are You? Social & Emotional Intelligence & Motivation – Marc de Moya, MD
9:15 am – 9:45 am	Professional Inventory: Understanding Your Own Strengths, Weaknesses, Skills & Abilities Alison Wilson, MD
9:45 am – 10:15 am	Surveying the Scene: Growth Opportunities, Local Resources, Networking – S. Rob Todd, MD
9.43 am – 10.13 am	Surveying the Scene. Growth Opportunities, Local Nesources, Networking – 3. Nob Todd, MD
10:15 am – 10:30 am	Break
10:30 am – 11:00 am	Who Are You? – Team Based Learning Breakouts
11:00 am – 11:30 am	Both Sides of Mentorship: Finding & Being a Mentor – Nicole Stassen, MD
11:30 am – 12:15 pm	Q & A with the Faculty
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12:15 pm – 12:45 pm	Lunch
12:45 pm – 1:15 pm	Strategic Career Planning: Gap Analysis, Goal Setting, & Career Development Planning –
	Hasan Alam, MD
1:15 pm – 1:45 pm	Skills for Success: Niche Development – Fred Moore, MD
1:45 pm – 2:15 pm	Roadmap to the Future – Team Based Learning Breakouts
2:15 pm – 2:30 pm	Break
0.00 2.00	Cat Variable III for Conseque Understanding Description 9.1 and eachin Destfalia
2:30 pm – 3:00pm	Set Yourself Up for Success: Understanding Promotion & Leadership Portfolio –
3:00 pm – 3:30 pm	Eileen Bulger, MD Q/A
3:30 pm – 4:00 pm	Takeaways and Wrap Up – Brad Dennis, MD

Getting Active in National/Regional Surgical Organizations



Andrew Bernard Leadership Development Workshop 2019 Austin

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It's a big world.

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U.S. Professional Surgical Organizations

American College of Surgeons (ACS)
Association of Academic Surgeon (ACS)
Association of Academic Surgeon (ACS)
Association of Academic Surgeon (ACS)
Society of University Surgeons (SUS)
Society for Surgeon of the Allimentary Tract (SSAT)
Society of American Castroneterologic Tendescopic Surgeons (SAGIS)
Society of American Sustaineterologic Tendescopic Surgeons (SAGIS)
Southern Surgeon Association (SAGI)
American Association for Carene Teneneri (ACSC)
American Society of Tenesiate Surgeons (ACST)
American Society of Tenesiate Surgeons (ACST)
International Pencress and Islant Tenesplantation Association (IPTA)
The Tenesiateation Society
The Tenesiateation Society

International Prefairf: Endourgers Group (IPEG)
Southern Thorack Surgical Association (TSTA)
Society of Thorack Surgical Association (TSTA)
Society of Thorack Surgicen (TSTA)
General Thorack Surgicen (TSTA)
American Association for Thorack Surgicen (AATS)
American College of Cardiology (ACC)

U.S. Professional TACS Organizations

- American College of Surgeons (ACS)
- Association of Academic Surgery (AAS)
- American Surgical Association (ASA)
- Society of University Surgeons (SUS)Society for Surgery of the Alimentary
- Tract (SSAT)

 Society of American Gastroenterologic
- Endoscopic Surgeons (SAGES)

 Southern Surgical Association (SSA)
- American Academy Pediatrics (AAP)-Surgical Section
- American Pediatric Surgical Association (APSA)
- Society of Thoracic Surgeons
 (STS)
- American Burn Association (ABA)
- American Association for the Surgery of Trauma (AAST)
- Society of Vascular Surgery (SVS)
- Central Surgical Association
- Southwestern Surgical Congress
- Western Trauma Association



east

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TACS-Related Organizations

U.S.

- SCCM
- Canadian Critical Care Society
- • •
- STN
- ASPEN



















Why?

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On Job Training

Learn.



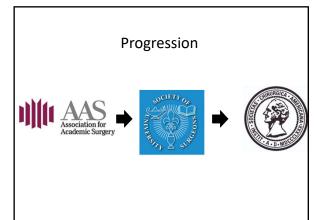


Leadership Development



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Networking/Growth



Support an Organization

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- COT
 - Verification
 - Education (ATLS etc)
 - TQIP
 - Disaster
 - Etc
 - Etc
- Education
- Surgical safety/quality/NSQIP
- Advocacy
- Public image

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WTA | 2006 | Big Sky | Steamboat Springs | 2008 | Squaw Valley | 2009 | Crested Butt | 2011 | Crested Butt | 2011 | Crested Butt | 2012 | Vail | 2013 | Snowmass | 2014 | Steamboat Springs | 2015 | Vail | 2016 | Bucharest, Romania | 2015 | Santa Cruz, Bolivia | 2016 | Santa Cr

	Getting In	
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Getting Active

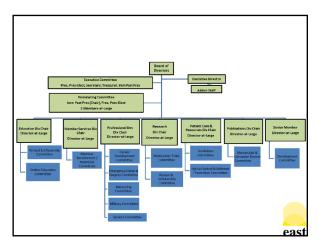


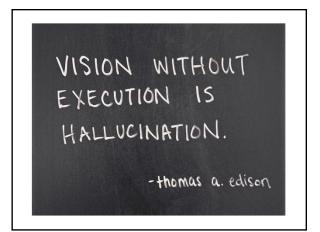
Committee Involvement	
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Standing Out	

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



Kimberly Davis, EAST President

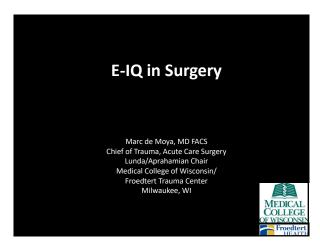




Consider the Costs

EAST	\$375
ACS	\$640
KY Chapter ACS	\$100
Southern Surgical	\$225
AAST	\$475
Total	\$1815

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Say 'No' selectively.	
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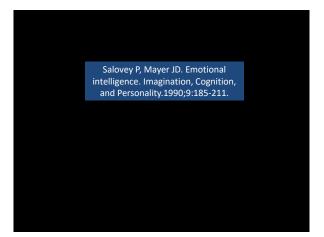


Objectives

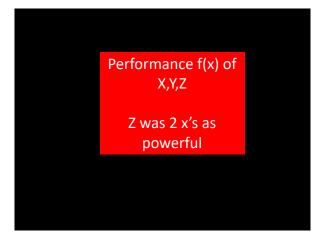
- What is EIQ?
- Why does it matter?
- Can you improve it?

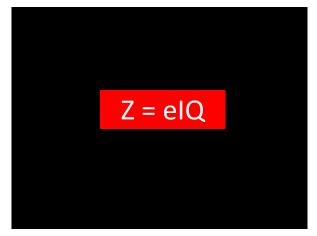


Succesful Leaders: IQ Technical/Clinical Skills EIQ



Social Skill		Self-A	wareness
Empathy	Emotiona IQ	1	Self-Regulation
	Motivation		
Daniel Goleman. What	: Makes a Leader; F	arvard Busi	iness Review.1996

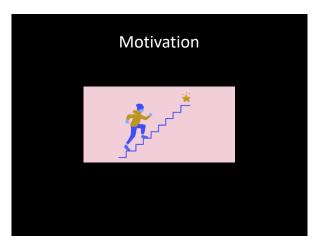


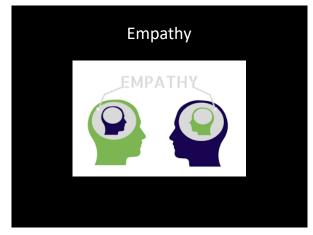












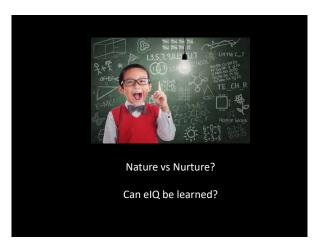


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Can it be Measured?

• https://www.ihhp.com/free-eq-quiz/





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Yes

- 360 evaluation
- Coach
- Deliberate Practice
- Breaking bad habits and forming better habits

Five question approach

- 1. Who do I want to be?
- 2. Who am I now?
- 3. How do I get from here to there?
- 4. How do I make change stick?
- 5. Who can help me?

Goleman, Boyatzis, McKee. Primal Leadership. HBR. 2001

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Conclusion

eIQ consists of 5 components Self Awareness, Self-Regulation, Motivation Empathy, Social Skills

An asset looked for during recruitments

Can be improved

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"An emotiona monitor his/ awareness, ch through self-n their impact t in ways tha through rela

ally intelligent leader can her moods through self-		
ange them for the better nanagement, understand		
hrough empathy, and act		
t boost other's moods tionship management"		



Professional Inventory: Understanding Your Own Strengths, Weaknesses, Skills & Abilities

Alison Wilson, MD, FACS
Professor of Surgery
Skewes' Family Chair in Trauma Surgery
Executive Director, WVU Critical Care and Trauma
Institute

WHEN WE START

- Excited to Get Started
- Finally, all "Grown Up"
- Independent, Make our Mark
- Do It All
- Be the Best Partner/Faculty
- "Operate, Teach, Research"



REALITY SETS IN

- Lots of demands on time
- Being Everything to Everyone
- Where Do You Really Fit ??
- ABSOLUTES:
 - Patient Care: Call, Med Records
 - Admin: Paperwork, CBLs, Compliance
- DOING IT ALL, BUT ONLY FOR SO LONG





FIGURING YOUR "BEST FIT"



•TRAITS

- STRENGTHS
- What you are already good atThings you can "run" with easily
- WEAKNESSES
 - Vulnerable
 - At Risk for Mistakes "Not Optimized"

•TECHNICAL ACTS

- SKILLS and ABILITIES
- Things You Do Well
- Operative Skills
- Data Collection
- Write Papers
- Committees/Taskforces
- Negotiate

HOW TO FIGURE THIS OUT



* UMAT DO YOU REALLY LIKE * WHAT DO YOU ACCOMPLISHED * WHAT DOESN'T FEEL LIKE WORK * WHAT GETS YOU UP IN THE AM

OTHERS' ASSESSMENT

•360 EVALUATION

- Chair, Division Chief
- Peers, Co-Workers
- Those Who Work For You
- External
- Others
- Who Selects??

Interviews

- More in depth, Granular
- Smaller Sample
- Costly

• Electronic

- Larger Sample
- More Superficial



Validated for Purpose	GALLUP Streng	ths	BLUE	GOL
Vary in Length, Scope		CLIFTON STRENGTHSFINDE	ORANGE	GREI
FORECALITY TYPES REY FORECALITY TYPES REY	I			

PERSONAL EXPERIENCES

COLOR PALETTE

- <u>PURPOSE:</u> Traits and Interpersonal Interactions
- Major Traits + Expression
- Impact on
 - Behaviors
 - Perceptions of Situation
 - How One Processes Info/Interactions
 - How One Prioritizes
- Individual + Group Component



WHAT I LEARNED

- Key Things that "Make Me Tick"
- Why Some Things "Make Me Crazy"
- Slamming Doors, Phones on Ring in Meetings
- Many Traits Come Together Pattern Recognition • Learn to ID one and can Predict Others + Responses

• Epiphany!! People Can Look at Exact Same Thing and See Completely Different Things (82.75) (A)





DISC

- <u>PURPOSE</u>: Personalities and Communication
- Designed for Workplace
- Conduct in Work Group
- Electronic Eval w Feedback
- Dominant, Secondary Traits w Expression
- Situations and Category Views



MY DISC

- DC Strong Tendency
 - Task Focused
 - Bold, Outspoken
- Risks
 - May Not Consider "Outside the Box" Suggestions

 - May get Stuck in DetailsAdherence to What Works

• INSIGHTS

- Learned about "I and S"
- They are not out to waste my time
- More comfortable w/ Indirect
- Relationship focused/based
- More willing to try new ideas
- More Spontaneous
- Shut down w direct conversations
- CHANGES



CDR

- PURPOSE: Defining traits and implications on behaviors
- Traits
- Drivers
- Risks
- Rewards



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CDR

- Things I Am
- Competitive
- Perfectionist
- Impulse Control
- Detached
- Things I Am NOT
 - Easy Going
 - Spontaneous
 - Social Stamina
 - Easy Going



- OPTIMIZING
 - Lower Expectations
 - Decrease Urgency Map it Out
 - Provide Expectations but Give Flexibility

 - Build In Breaks
 - Choose the Team Wisely





NOW WHAT ??...LOTS OF DATA

- Great to Have Data
- Do You Believe It?
- Willing to Accept the Info?
- How Do You Act on It?
 - Tendency to Focus on Strengths
 - "Head Start"
 - Wins with Small Adjustments

 - Easier to Implement
 Lower Marginal Improvement



MAKING A ROADMAP

- •WHY???
 - Making a Professional Inventory
 CONFIDENCE

 - Taking the Assessment
- FIND STRENGTHS/GAIN



- FIND WEAKNESSES/OFI
- GET OTHERS' PERSPECTIVES
- BOSS MADE ME



•			

IMPLEMENTING CHANGE YOUR <u>"WHY"</u> • STRENGTH

SHOULD DRIVE THIS



- WEAKNESS

 - Apply to a "Project"
- Ex. Perceived as Abrupt (OFI)
- Ex. Good at Organizing/Prioritizing

IMPLEMENTING CHANGE

- •OFI: ABRUPT
- CHANGING YOUR INTERACTIONS
 - Deliberate
 - Word Choices: "Can We...." vs "Please Do"
 - Planning Your Interactions
 - Ask about them, Don't jump right into work
 - Set aside time for personal interactions
 - Make Sure Others Understand Your Traits
 - Did others participate
 - Establish ground rules





DEVELOPING SKILLS

• Good at Organizing/Prioritizing

- Pick 1-2 Projects
- Select the Team
- Map Out the Project
- Make Goals/Endpoints
- Construct Timeline
- Track Progress
- Measure Results/Deliverables
- Celebrate







OPTIMIZING SKILLS + ABILITIES

- •GOALS + VISION
- More than a "To Do" List
- •WHO DO YOU WANT TO BE
- More than a "Goal for Next Year"
- •WHAT DO YOU WANT TO DO
- Takes Time, Honesty, Work

ARTICULATE IT

- GOALS
 - Big Picture
- STRATEGIES
 - Specific Programs
- TACTICS
 - Steps to Make the Programs
- Become a Model for Critical Care Delivery in Rural Areas
- Improve Access to Intensivists
- Decrease Transfer Times
- Virtual ICU
 - Transfer Algorithms Based on Pt. Status + Hospital Resources

MAPPING THIS OUT

- Can You Do This On Your Own??
- Are You in the Right Place??
- Finding Help
 - Division Chief
 - Chair
 - Mentor
 - Coach







WHEN YOUR GOALS and STRENGTHS DO NOT ALIGN

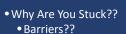
- Tenure Track + R01
 - Never Written Paper
- Chair + CEO
 - No Previous Leadership
 - No Finance
- Education Guru
 - Don't Participate in Didactics

- Is This Really What You Want??
- Developing These Skills
 - Courses
 - Mentor in THAT Area
 - Sustained Involvement
 - Show Progression
 - Periodic Re-Evaluation
 - Honest, Realistic

BE TRUE TO YOURSELF







- Alignment of Job Needs and Your Needs???
- Is This Really What You Want??





SUMMARY

- <u>Know your Characteristics</u> Will Tell Your Comfort Areas – Maximize
- <u>Know your Skills/Abilities</u> Optimize, Supplement
- <u>Make your "White Paper"</u> Goals, Strategies, Tactics
- Map It Out Timelines, Checkpoints
- Re-Assess Cause of Shortfalls, Celebrate Achievements







Disclosure Bayles of Medicine I have nothing to disclose.





The Triple Threat?

Baylo College Medici:

Is It Still Possible to Be A Triple-Threat in Modern Medicine?



"It was, and is, a noble aspiration. It's also increasingly impossible."

5

The Triple Threat?



Clinical workloads are increasing

Academic success is based on quantity, not quality

Teaching has fallen aside, in part because it has no easy metric

B Gilmer, 2018

The Triple Threat? Careers in Academic Medicine Triple Threat or Double Fake Archimem Med—Vol 148, Sept 1988 "The outcome, however, is less often than ideal. Physicians who are truly outstanding in one of these three areas feel compelled to excel in all three, but sometimes they

end up excelling in none."

JS Alpert, 1988

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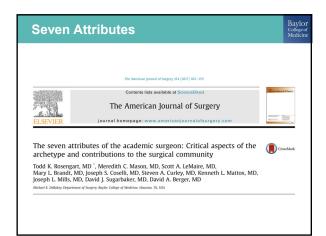
The Triple Threat?

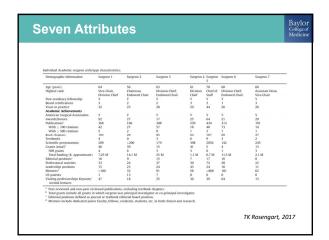
Baylo: College o Medicin

"Junior faculty members should be encouraged to develop those areas that interest and suit them best. In other words, faculty members should "play to their strong suit."

"Rather, excellence in one area can and should be combined with a good, solid performance in the other."

JS Alpert, 1988





Seven Attributes

College Medicii

- Identify a complex clinical problem that others have ignored or thought unsolvable,
- 2. Become and expert in that field,
- Innovate new insights, treatments, or procedures to advance the treatment of the clinical problem,
- Observe closely the outcomes of such treatments and those of others to further improve such innovations,

TK Rosengart, 2017

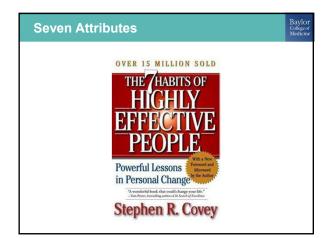
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Seven Attributes

Baylon College of Medicine

- Spread knowledge and expertise to others through publications, presentations, and practice guidelines
- 6. Ask important questions in the field to try to further improve care, and
- 7. Train the next generation of surgeons and scientists

TK Rosengart, 2017



Research Opportunities

Baylo College o Medicin

Identify a clinical void or need

- Disease process
- Technical innovation

Often takes several years to identify after becoming an attending surgeon (often times many years in regard to technical innovations)

Consider adjunctive colleagues/services to partner with outside of Surgery (medicine)

TK Rosengart, 2017

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Research Opportunities

Baylon College of Medicine

Don't underestimate the importance of your peers/mentors

Take advantage of the co-localization of talented investigators at academic institutions

Don't anticipate an "overnight wonder"

Be accepting that your research might migrate from a variety of initial research thoughts and discovery opportunities towards interests often far from their original focus

TK Rosengart, 2017

Educational Opportunities



American College of Surgeons Division of Education

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Educational Opportunities



Timely and informative peer-reviewed articles that relate to all aspects of surgical education

Features innovative tools, information, and other resources that will enhance your surgical education endeavors



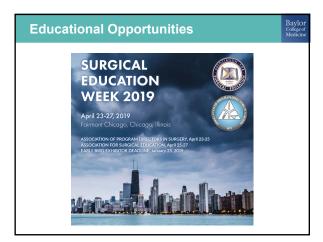
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Educational Opportunities



Identify who the leaders are in your Surgical Education Office

Perform a thoughtful needs assessment Identify opportunities



Administrative Opportunities

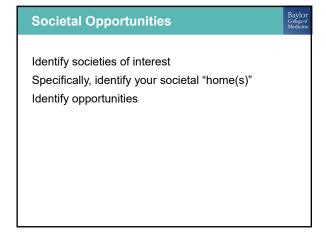
Baylo College Medici

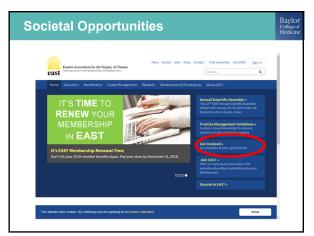
Just show up and wait...

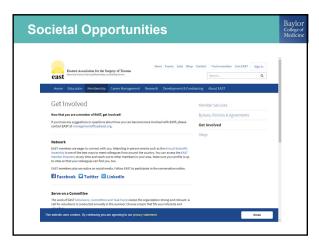
It won't take long

Be cognizant of not over-extending yourself









Societal Opportunities

Baylor College of

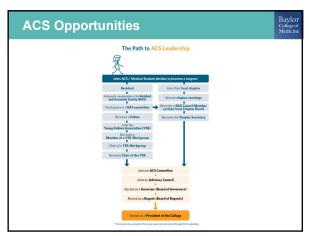
Identify societies of interest Specifically, identify your societal "home(s)" Identify opportunities

Start local if possible

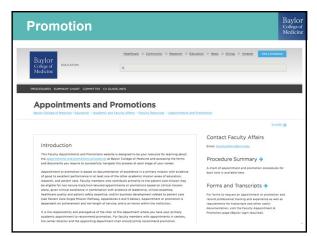
Show up! It's 90+% of the battle

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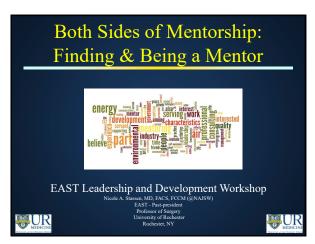
In Conclusion You don't have to do it all Find what makes you happy Within that, find an opportunity or need Be patient Do your homework Learn to say "No"

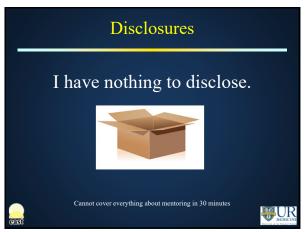
In The End...

Baylor College of

"Certainly, I fail more than I succeed. But when I succeed, I sleep well and know that it's enough. What if we don't have to do it all? What if instead, we just took care of ourselves and our families, took care of our patients, and did well the one good thing that matters to us? We could work together to figure out the rest."

B Gilmer, 2018





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Myths about Mentoring

- It only happens on a long term, one on one, face to face basis
- Mentors must be older and more experienced
- Only the Mentee benefits
- Taking the time to mentor decreases your productivity



"I'd like to mentor you. We can start by you

• One mentor is all you ever need





Mentoring Definition

"To help and support people to manage their own learning in order to maximise their potential, develop their skills, improve their performance and become the person they want to be"

(Parsloe, 1992)





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Multiple Levels of Mentors

- Senior Mentor
- Peer Mentor
- Internal Mentor
- External Mentor



Formal or Informal



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Advantages of Mentoring

- Advantages for the mentee:
 - Career advancement
 - Salary
 - Organizational/professional identification
- Advantages for the mentor:
 - Career enhancement
 - "Passing the torch to a new generation"
 - Learning from mentee





Disadvantages of Mentoring

- Disadvantages for the mentee:
 - Overdependence on the mentor
 - Micro-management from the mentor
 - Negative halo from mentor who fails
- Disadvantages for the mentor:
 - Mentee dependence on mentor
 - Time, energy commitment to mentee
 - Negative halo from mentee who fails





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Responsibility of Mentees

- Seek counsel and advice, not a just a supervisor who directs actions
- Be aware of potential pitfalls
 - Overbearing mentor
 - Mentor exploitation of mentee's work
 - Be sensitive to the difference between asking for help/advice from your mentor and demanding favors from your mentor





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Responsibility of Mentors

- Offer guidance that helps mentee develop
 - NOT to make decisions for mentee or micromanage
- Be aware of potential pitfalls
 - Overdependence of mentee
 - Mentee exploitation of mentor's influence
 - Developing a mentee VS using a mentee
- Be aware of dynamics of relationship



- Developmental needs may change



Are You a Mentor?

"Before you are a leader, success is all about growing yourself. When you become a leader success is all about growing others."

Jack Welch





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Components of Being an Effective Mentor

- Wanting the mentee to succeed
- Facilitating the mentee's success
 - Making contacts available
 - Facilitating introductions within your professional network
 - Connecting to resources
- Promoting the mentee's career, independent of your own





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Components of Being an Effective Mentor

- Providing a broad spectrum of advice
 - Career and technical
- Bolstering the mentee's capacity
- Encouraging risk and self-exploration
- Focusing the relationship on the mentee
 - In a way that is beneficial to the mentee
 - Being friendly, not necessarily being friends





Skills Required By Mentors

- Ability to build rapport with the mentee
- Communication skills
- Feedback skills
- Questioning skills
- Listening skills
- Interpersonal skills





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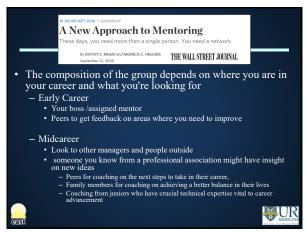
Is the Traditional Mentoring Model the "Best" One? UR WEDICING **UR**

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A New Approach to Mentoring By KATHY E. KRAM and MONICA C. HIGGINS THE WALL STREET JOURNAL • The "traditional" mentoring relationship A single senior colleague who can show you the ropes and open the right doors A better approach - create and cultivate a developmental network A small group of people to whom you can turn for regular mentoring support They have a genuine interest in your learning and development Your personal board of directors · Not just a group of people you casually network with









• A self SWOT analysis - Personal goals - Strengths and weaknesses - Relational skills

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Step 1: Know Yourself

Kram and Higgins 2013

- Work
 - What do you really enjoy doing at work?
 - Where would you like to be in two years/five years?
 - Are there skill/knowledge gaps that you want to fill?
- Life
 - Do you have a healthy balance between your work and outside commitments
- Interpersonal skills
 - Are you comfortable reaching out for help, sharing your experiences and soliciting feedback?
 - Starting conversations with strangers?



Kram and Higgins 2013



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Step 2: Know Your Context

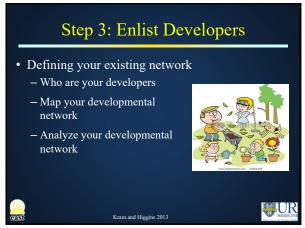
- · An opportunity audit
 - Think through the context in which you are currently working
 - If you are planning a change, where you'd like to go
 - What is the opportunity structure for where you want to go







• Primary task is to actively enlist individuals who have the potential to provide the critical help that you need to advance your personal goals





Create Your Developmental Map

- Each section is a different arena from which developmental relationships originate
- Put people in the appropriate quadrant
- Indicate how close or distant they are





Kram and Higgins 2013



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Analyze Your Developmental Network

- Size
 - Do you have the right number of developers to help you reach your goals?
 - Do you have too many and need to manage those relationships more effectively?
- Diversity
 - In each category, how similar or different are they?
 - Experience, function, background, demographics, etc.?





26

Analyze Your Developmental Network

- Density
 - Is your entire network connected in some way?
 - Is your network very closed or is it open?
- Strength of Connections
 - Are all your developers very close or do you have a few who are more distant?
- Connections to Power and Influence
 - How many people would you characterize as influential and/or well-connected?



Kram and Higgins 2013



Step 4: Regularly Re-assess

- Will your current network help you achieve your goal?
- What type of help is missing?
 - Can your current network help you to meet people that you are missing?
- What, specific actions will you take to get things started?
 - How you will you initiate contact and/or enhance relationships?
 - Start with one or two relationships that you think will substantially enrich your network and support your leadership goals



Kram and Higgins 2013



28

Step 4: Regularly Re-assess

- Keep reassessing your developmental network
 - Current one may not work as situations change
- Determine which developers still help you meet your goals and which do not
- Be intentional when seeking out advice







29

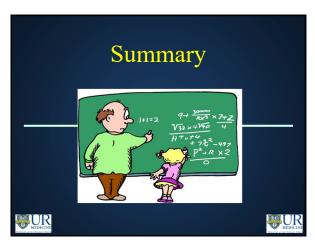
Step 5: Develop Others

- Consider how being part of your network can benefit them also
- High-quality mentoring is about mutual learning
- Consider how your high-quality relationships serve to develop others



Kram and Higgins 2013









Summary • Build Your Developmental Network - Know yourself - Know your context - Enlist developers • Multiple levels - Regularly re-assess - Develop others

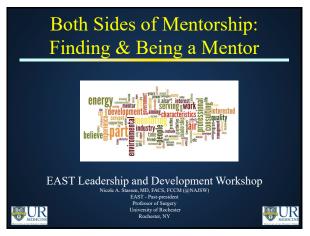
34



35

Conclusion • Mentoring is not a one size fits all topic • Cannot cover everything in 30 minutes • Hopefully you now have a framework to start with





Strategic Career Planning: Gap Analysis, Goal Setting, & Career Development

Hasan B Alam, MD

Norman Thompson Professor of Surgery &

Head of General Surgery





1

Disclosures

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

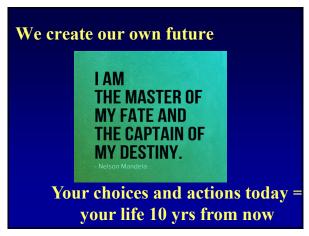
I <u>do</u> owe my academic success to numerous mentors, collaborators, partners, and trainees.

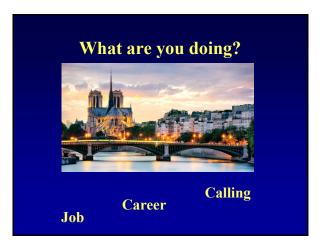
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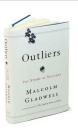
Academic Career



HOPE IS NOT A STRATEGY











MASTERY= HARD WORK + TIME

7

No Substitute for Hard Work

Far and away the best prize that life has to offer is the chance to work hard at work worth doing.

Theodore Roosevelt

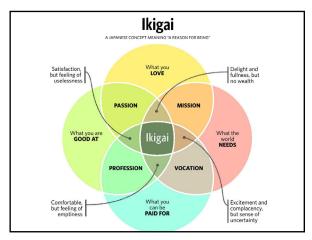
But you also must work smart

8

Success?

- Local- Clinical
- <u>National/international</u>- Publications + New Discoveries + Leadership roles
- <u>Academic promotion</u>- Publications + Funding + Administrative
- Financial Easiest
- Personal Often ignored

What does SUCCESS look like to YOU?



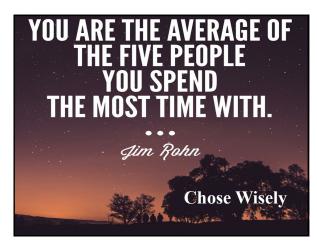
Gap Analysis

- Know your own strengths and weaknesses
- What really <u>inspires</u> you?
- Know what your employer values- Does it align with your goals?
- Meaningful academic idea(s)
 - Inspiring
 - Novel
 - Impactful
 - Growth potential
- Mentors and collaborators, Professional Societies

11

Common Mistakes

- Overestimating your strengths
- Underestimating your weaknesses
- Lone Wolf
- Shiny Object Syndrome
- Wrong (or no) mentor
- Time wasters
- Misaligned priorities
- Poor (or no) planning
- No sense of urgency
- Selfishness



Learn from the Best

Identify people who are <u>better than you</u> and <u>work with them</u>

Professional success need mentors & collaborators

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

14

Manage Your Time

- Know where your time goes
 - 168 hrs/wk- account for all of it
- Priorities
- Delegate
- Say No to time wasters, but otherwise say <u>YES</u>
- Writing time <u>must</u> be on your schedule
- Start now- 7 years



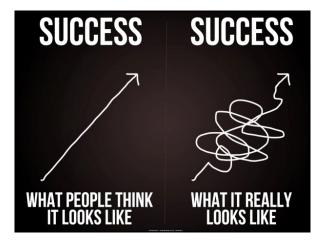


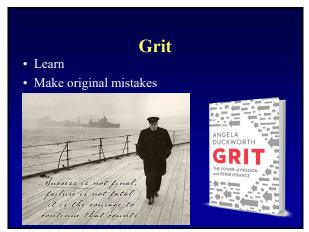
Goal Setting

- Need powerful <u>long-term</u> goals to inspire and motivate, and to deal with daily challenges
- Need <u>short-term</u> goals that are focused, measurable, achievable (but not easy), and meaningful
- Evaluate, adjust, and aim-higher
- Evolve constantly, push yourself relentlessly

- Don't relive last week
- · 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



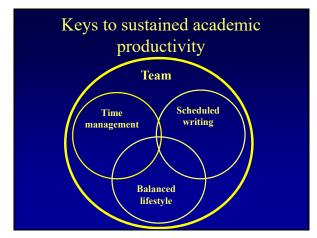




20

Career Development Planning

- Define focus early
 - Clinical
 - Research
 - Admin
- Right job
- Timeline (Count back from 7)
- Mentors/Launch team



Phases of Professional Life The first 3 years The next 5 years Everything else follows

23

Suggestions for Academic Success

Write on Schedule

- Currency of academic success
- Promotion, grants, recognition
- Biggest determinant of long term success
- Why doesn't everyone do it?

IF YOU REALLY WANT
TO DO SOMETHING,
YOU'LL FIND A WAY. IF
YOU DON'T, YOU'LL FIND
AN EXCUSE.
~∂im Rohn

25

26

I will, as soon as I have some free time... Everyone has 24 hrs/day What you need - Better time management skills

Need more protected time...

- Prove that you deserve it
- Practical options
 - Eliminate timewasters
 - <u>Use time more efficiently</u>
 - Reset priorities
 - Look for another job

28



29

I have nothing to write about (or no desire)

• REAL problem

Scheduled Writing

- Set up a schedule
 - Every day, or at least 3 times per week
 - More time = more productivity
 - Stick to it
 - Can't maintain it- figure out why?
- How much time?
 - 5-10 hrs/wk- average
 - 10-12 hrs/day- grant deadline
 - Avoid binge writing

31

Style

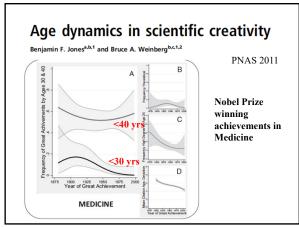
- "Learn to cut"
 - Presentation of data is a logical process
 - Be clear, brief and direct
- Stay focused
- Short sentences

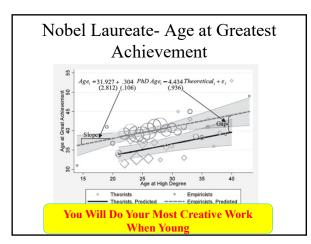


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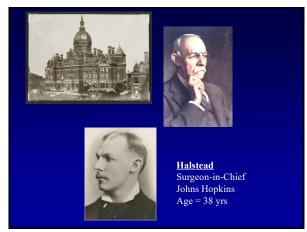
Size doesn't matter Nature 1953 One page report with 6 references We wish to suggest a structure for the salt of deoxyribose nucleic acid (D.N.A.). This structure has novel features which are of considerable biological interest.

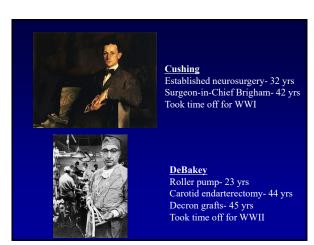














Murray First Kidney Tx- 35 yrs Nobel Laureate



Starzl
First liver Tx- 36 yrs
First successful liver Tx- 41 yrs

40



Blalock B-T Shunt- 45 yrs



Barnard First heart Tx- 45 yrs

41



Lillehei
First open heart surgery, use of hypothermia- 35 yrs
Cardiae Pacemaker- 41 yrs

Behind almost every major surgical innovation you will find a young, brilliant, driven, and disciplined surgeon, pushing the boundries "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

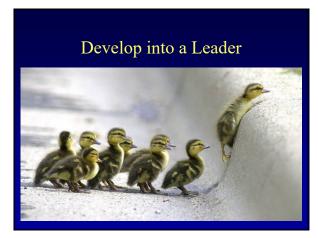
43

Great Life = Loving Family +
Rewarding Work

44

Marry the Right Person

Take Care of Your Family







Do the Right Thing



A genuine leader is not a searcher for consensus but a molder of consensus.

Martin Luther King, Jr.

49

Empower Others & Share Credit



50

Find Solutions



Don't find fault, find a remedy.

Henry Ford



Give More Than You Take

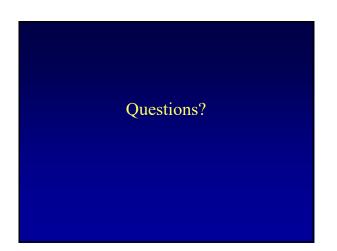


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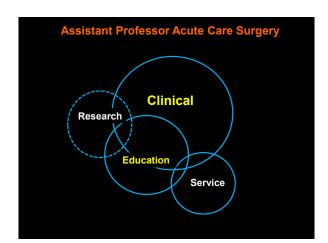
Strategies for Academic Success (my biased opinion)

- Find you passion
- Plan
- Pursue ideas that inspire you
- Mentors, promoters & collaborators: Assemble your caravan
- Time management
- Evolve: learn new skills and find new paths
- Write, write, write
- Balanced lifestyle

Final Words Yesterday is gone. Tomorrow has not yet come. We have only today. Let's begin.









Why? Avoid Burnout Get Promoted Create Value

Niche Development Things to Consider

Pick something important that interests you

Study what you have

Marry it to quality improvement

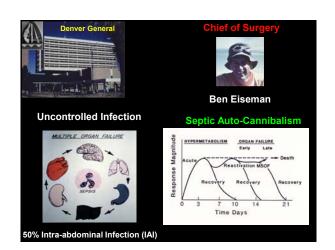
Long game strategy

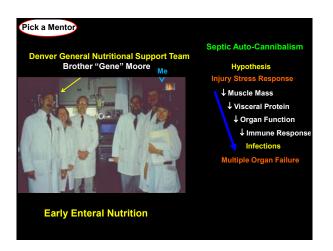
Organizational Culture



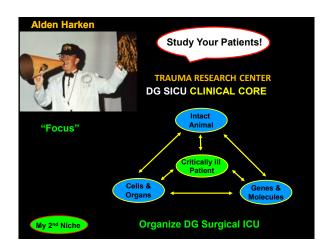




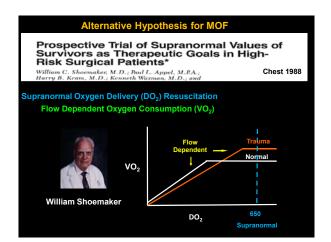


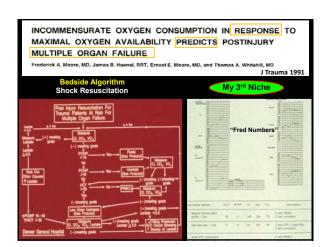


Benefits of Immediate Jejunostomy Feeding after Major Abdominal Trauma—A Prospective, Randomized Study ERNEST E. MOORE, M.D., AND TODD N. JONES, B.S.N. Early TEN vs Delayed TPN Early TEN Reduces Infections TEN versus TPN following Major Abdominal Trauma— Reduced Septic Morbidity FREDERICK A. MOORE, M.D., ERNEST E. MOORE, M.D., TODD N. JONES, R.N., BRIAN L. McCROSKEY, M.D., AND VERLENSON, M.D. Early TEN vs Early TPN J Trauma 1989 My 1st Niche Debate: TEN Good versus TPN Bad Early Enteral Feeding, Compared With Parenteral, Reduces Postoperative Complications The Results of a Meta-Analysis FREDERICK A. MOORE MD, DAVID V. FELICIANO MD, RICHARD ANDRASSY MD, A. HOPE McARDLE PhD, FRANK V.McL. BOOTH MD, TINA B. MORGENSTEIN RD, JOHN M. KELLUM JY MD,. Richard E. WELLING MD, and ERNEST E. MOORE MD

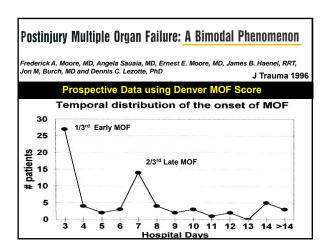


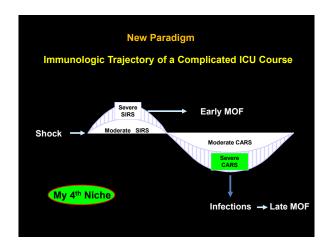








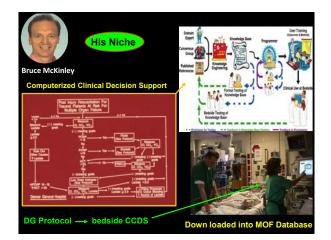












McKinley BA, Marvin RG, Cocanour CS, Marquez A, Ware DN, Moore FA. Blunt Trauma Resuscitation: The Old Can Respond! Arch Surg. 135(6):688-695, 2000.

McKinley BA, Marvin RG, Cocanour CS, Pousman RM, Marquez A, Ware DN, Moore FA. Nitroprusside in Resuscitation of Major Torso Trauma. J Trauma. 49(6):1089-1095, 2000.

McKinley BA, Kozar RA, Cocanour CS, Ware DN, Moore FA. Standardized Trauma Resuscitation: Female Hearts Respond Better. Arch Surg. 137(5):578-584, 2002.

McKinley BA, Kozar RA, Cocanour CS, Moore FA. Normal Versus Supranormal Oxygen Delivery in Shock Resuscitation: The Response Is the Same. J Trauma. 53(5):825-832, 2002.

Marr AB, Moore FA, Sailors M, McKinley BA. Preload Optimization Using Starling Curve Generation During Shock Resuscitation: Can It Be Done? Shock. 21(4):300-305, 2004.

McKinley B, Sucher JF, Todd SR, Moore FA. Central Venous Pressure versus Pulmonary Artery Catheter: Directed Shock Resuscitation. Shock. 32(5):463-70.2009.

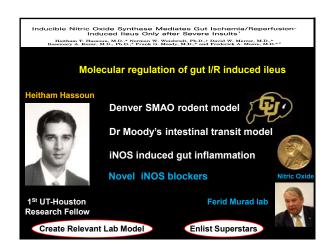
Moore FA, McKinley BA, Moore EE. The Next Generation in Shock Resuscitation. Lancet. 363(9425):1998-1996, June 12, 2004.

Moore FA, McKinley BA, Moore EE, et. al. Glue Grant Patient-Oriented Research Standard Operating Procedures: Guidelines for Shock Resuscitation. J Trauma. 61(1):82-9, 2006

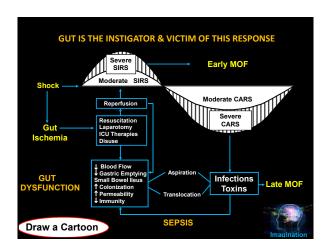
Program Director NIGMS Sponsored P-50 Team Science Grant Sepsis Induced Ileus Frank Moody Decreased ileal muscle contractility and increased iNOS expression induced by lipopolysaccharide NORMAN W. WEISHROOT, THOMAS A PRESILEY, YONG FANG LL MALDORZATA J. ZEXBIOWICZ, SANTRA C. HIGHAM, AFTER ZEXBIOWICZ, ROBERT F. LODATO, AND PRANK G. MOODY Am J Physiology 1996 Program Director Not an Entitlement Program Pick a Mentor Scott Somers* * New NIGMS P50 Program Officer

Journal of Surgical Research 87, 100 –164 (2001)

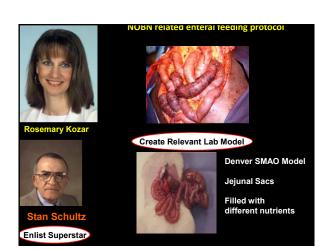
Includio Included Include











The Type of Sodium-Coupled Solute Modulates Small Bowel Mucosal Injury, Transport Function, and ATP After Ischemia/Reperfusion Injury in Rats

Rosemary A. KOZAR,* STANLEY G. SCHULTZ,* HEITHAM T. HASSOUN,* ROLAND DESOIGNIE,* NORMAN W. WEISBROOT,* MARIAN M. HABER, and FREDERICK A. MOORE*

UT Med School Dean

Funded K08 Grant - 2002

Ussing Chamber

Histology

ATP Levels

Stan Schultz

Epithelial Transport Expert

Differential induction of PPAR- γ by luminal glutamine and iNOS by luminal arginine in the rodent postischemic small bowel

N. Sato, F. A. Moore, B. C. Kone, L. Zou, M. A. Smith, M. A. Childs, S. Moore-Olufemi, S. G. Schultz, and R. A. Kozar,

Am J Physiol 2006

Molecular regulation of gut I/R induced inflammation

Norio Sato



Glutamine activates PPAR γ via the LOX pathway Arginine inhibits PPAR γ via the c-jun pathway

apanese Trauma Fellow

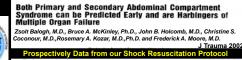
Funded R-01 Grant - 2007



Secondary abdominal compartment syndrome is an elusiv early complication of traumatic shock resuscitation

Zsolt Balogh, M.D., Bruce A. McKinley, Ph.D., Christine S. Coconour, M.D., Rosemary A. Kozar, M.D.,Ph.D., John B. Holcomb, M.D. Frederick A. Moore, M.D. Am J Sura 2002





Patients with impending abdominal compartment syndrome do not respond to early volume loading

Zsolt Balogh, M.D., Bruce A. McKinley, Ph.D., Christine S. Coconour, M.D., Rosemary A. Kozar, M.D., Ph.D., Frederick A. Moore, M.D.

Founder

Am J Surg 2003



Supranormal Trauma Resuscitation Causes More Cases of Abdominal Compartment Syndrome

Zsolt Balogh, M.D., Bruce A. McKinley, Ph.D., Christine S. Coconour, M.D., Rosemary A. Kozar, M.D., Ph.D. and Frederick A. Moore, M.D. Arch Surg 2003



Critical Care Fellow Project

Fresh Frozen Plasma Should be Given Earlier to Patients **Requiring Massive Transfusion**

J Trauma 2005 Ernest A. Gonzalez, MD. Frederick A. Moore, MD. John R. Holcomb, MD.

Commander





US Army Institute of Surgical Research

Damage Control Resuscitation: Directly Addressing the Early Coagulopathy of Trauma

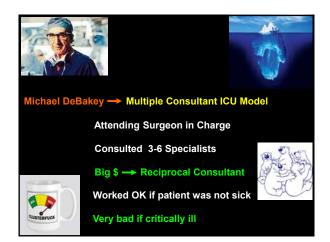
Tourniquets plus PRBCs/FFP/Platelets at 1:1:1 plus Factor VIIa

Deployed in IRAG War & Collected Data → ↓ Mortality

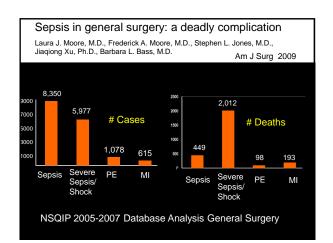












Surviving Sepsis Campaign guidelines for management of severe sepsis and septic shock

R. Phillip Dellinger, MD; Jean M. Carlet, MD; Henry Masur, MD; Herwig Gerlach, MD, PhD; Thierry Calandra, MD; Jonathan Cohen, MD; Juan Gea-Banacloche, MD, PhD; Didier Keh, MD; John C. Marshall, MD; Margaret M. Parker, MD; Graham Ramsay, MD; Janice L. Zimmerman, MD; Jean-Louis Vincent, MD, PhD; Mitchell M. Levy, MD; for the Surviving Sepsis Campaign Management Guidelines Committee

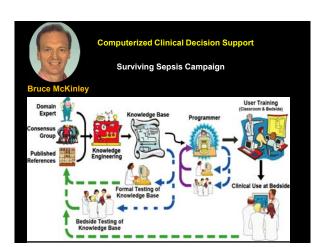
Crit Care Med 2004

Wonderful Contribution! - Implementation is Challenging



Early Diagnosis of Sepsis is Difficult

Difficult to Remember & Prioritize the 19 Recommendations

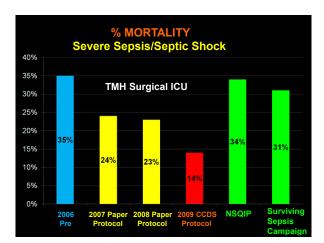


Computer Protocol Facilitates Evidence Based Care of Sepsis in the Surgical Intensive Care Unit

Bruce A. McKinley, PhD, Laura J. Moore, MD, Joseph F. Sucher, MD, Rob Todd, MD Krista L. Turner, MD, Alicia Valdivia, RN, Matthew Sailors, BE and Frederick A. Moore MD

J Trauma 2011

Impact of Sepsis Screening and a Computer Protocol in the Surgical ICU at The Methodist Hospital (TMH) in Houston, TX



The Epidemiology of Sepsis in General Surgery Patients

Laura J. Moore, MD, Bruce A. McKinley, PhD, Krista L. Turner, MD, Rob Todd, MD
Joseph F. Sucher, MD, Alicia Valdivia, RN, Matthew Sailors, BE, Lillian S. Kao, MD
and Frederick A. Moore MD
J Trauma 2011

Moore LJ, Hall J, Moore FA, Pass S. Evaluation of empiric antibiotic use in surgical sepsis.

Am J Surg. 2010 Dec;200(6):776-82;
Moore LJ, Moore FA, Todd SR, Jones SL, Turner KL, Bass BL. Sepsis in general surgery: the 2005-2007 national surgical quality improvement program. Arch Surg. 2010;145:695-700

Moore LJ, Turner KL, Todd SR, McKinley BA, Moore FA. Computerized Clinical Decision Support Improves Mortality in Intra Abdominal Surgical Sepsis. Am J Surg. 2010 Dec;200(6):839-844.

Moore LJ, Turner KL, Jones SL, Fahy BN, Moore FA. Availability of Acute Care Surgeons Improves Outcomes in Patients Requiring Emergent Colon Surgery. Am J. Surg Dec 2011; 202(6):837-42.

Moore LJ, Moore FA. Epidemiology of sepsis in surgical patients. Surg Clin North Am. 2012; 92(6):1425-43

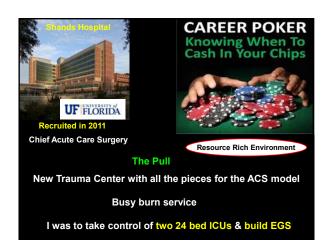
Desai S, Jones SL, Turner KL, Hall J, Moore LJ. Nucleated red blood cells are associated with a higher mortality rate in patients with surgical sepsis. Surg Infect. 2012;13(6):360-5.

Moore LJ, Moore FA. Early Diagnosis and Evidence Based Care of Surgical Sepsis.

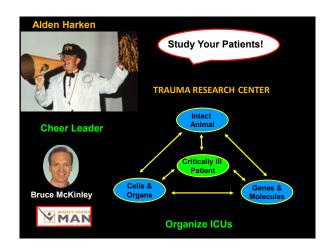
J Intensive Care Med. 2013;28(2):107-17.

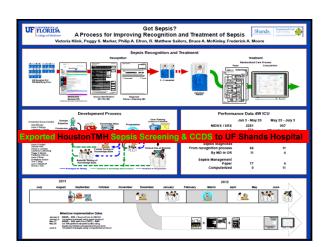
Goerlich CE, Wade CE, McCarthy JJ, Holcomb JB, Moore LJ. Validation of sepsis screening tool using StO2 in emergency department patients J Surg Res. 2014: 190(1):270-5





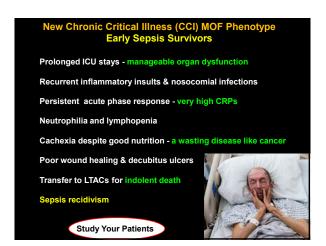


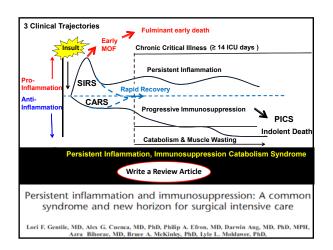


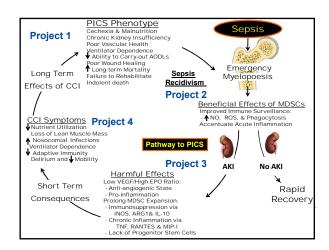


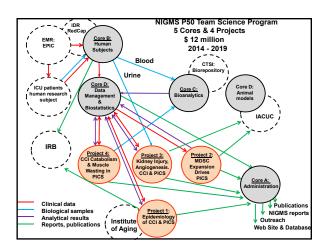












Proof of Concept Publications (1st 2 years of Grant)

Human Myeloid-Derived Suppressor Cells Induce Chronic Immune Suppression after Severe Sepsis/Septic Shock



Ann Surg 2016

THE EPIDEMIOLOGY OF CHRONIC CRITICAL ILLNESS AFTER SEPSIS IN

TRAUMA AND SURGICAL INTENSIVE CARE UNITS.

Julie A. Stortz, Frederick A. Moore Philip A. Efron, Tezcan Ozrazgat- Baslanti, Azra Bihorac, Babette A. Brumback,Lyle L. Moldawer, Scott C. Brakenridge

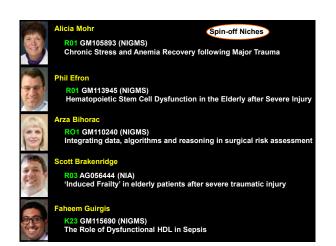
JTACS 2018

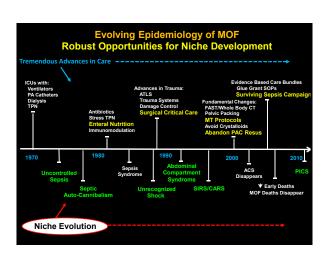
The Development of Chronic Critical Illness After Sepsis Determines Long-term Physical Function, Quality of Life, and Mortality

Anna K. Gardner, PhD, Scott C. Brakenridge, MD, Gabriela L. Ghita, MPH, Zhongkai Wang Tezcan Ozrazgat-Baslanti, PhD, Babette A. Brumback, PhD, Philip A. Efron, MD, Azra Biborac, MD, Frederick A. Moore, MD,

Crit Care Med in press







Niche Development Top 10 Lessons Learned

- # 1 Pick a topic and a good mentor
- # 2 Study your patients
- #3 Write review articles and draw cartoons
- # 4 Develop clinical databases
- # 5 Get a "Right Hand Man" & organize ICUs to be research labs
- #6 Pick resource rich environments
- #7 Understand organization culture & create value
- #8 Share your niche & partner with basic scientists







SET YOURSELF UP FOR SUCCESS

Understanding the Promotion & Leadership portfolio

EILEEN M. BULGER, MD FACS

PROFESSOR OF SURGERY, UNIVERSITY OF WASHINGTON, SEATTLE, WA

EAST Development Workshop, 2019

1

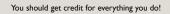
KEY QUESTIONS

- What is your university policy?
 - What track am I in or What are my options?
 - Clinician-scientist, Clinician-educator, Clinician-Clinician
 - What activities does my university value?
 - What are the timelines?
 - Is there Tenure?

2

THE 4 LEGGED STOOL

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





CLINICAL CARE

- Need to define your practice
- What special gifts do you bring?
- How are your patient satisfaction scores?
- How have you engaged in quality improvement, efficiency of care...



4

EDUCATION

- Local
 - On the job education
 - Curriculum development, lectures
 - Mentorship
- Regional
 - Regional courses: ATLS, etc
 - Invited talks, Regional conference
- National & International
 - Invited talks
- Moderating a panel



5

THE TEACHING PORTFOLIO

- Resident, Medical Student, Fellow evaluations
- Evaluations for talks
- Letters thanking you for a presentation
- Keep track of your mentees
- Summary of your teaching style

Keep Everything! https://www.researchgate.ne/publication/261249970_The_Teaching_Portfolio_a_handboo_for_faculty_teaching_assistants_and_teaching_fellows

	9
	The Teaching Portfolio
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	3. Published of The Master N throbat Course for Nation and Learning
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	9970_The_Teaching_Portfolio_a_handbook fellows
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RESEARCH/SCHOLARSHIP

- Need to define and describe your focus
- Publish or Perish
 - Peer reviewed publications
 - Book chapters, review articles, web site contributions, videos
 - Maintain a web based bibliography (Pub med: myncbi)
 - Know your H index
 - Identify your most impactful publications (Altmetric scores)
- Grant funding
 - Importance of Independence
 Look for multiple sources of funding

 - Start with Junior faculty/New investigator

Look for opportunities to Collaborate!

7

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



8

HOW TO GET INVOLVED?: AAST

- Become an Associate Member
 - Opportunity extends from residency until 5 yrs after achieving FACS
- Complete a committee volunteer form
 - Cor
- Submit
- Apply
 - Tra

ice a committee volunteer form	
mmittee assignments are made by the President	
t abstracts to the meeting	
for a Junior faculty Research Scholarship	
uma & EGS scholarships available	

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
 - ${\ensuremath{\,^{\circ}}}$ 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)
 - ${\ }^{\bullet}$ 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

Note all COT positions have term limits except Vice Chair, to maximize time on COT start in Regional system and work up to National Committee

10

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





11

ADMINISTRATION = LEADERSHIP

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



MY CV ADVICE

- Professional formatting, proofread it! (Your school may require a specific format)
- Make it easy to read
 - Number your publications, in order by publication date, ok to have a section for submitted work
 - Separate our peer reviewed publications from review articles and book chapters
 - Don't list abstracts but include presentations
 - Separate sections for Regional, National, & International activities
 - Include a link to Pubmed bibliography
- Be inclusive but Don't pad it with non-relevant things
 - E.g Grade school soccer coach, church volunteer

13

PUTTING IT ALL TOGETHER

- Tell your story
 - Summary document
 - Speak directly to the promotion criteria
 - Identify your supporters
 - Keep your CV and teaching portfolio up to date



Time to TOOT your own Horn!



WHO ARE YOU? EAST Annual Assembly 2019 Leadership Workshop TBL session #1.

▶ Recall a personal past team experience that was either very positive or very negative.

▶ Keep this experience to yourselves for now. You may be talking about it later in the exercise, so select one you feel comfortable sharing.

EXERCISE ADAPTED FROM GAYLE ALLEN; MINDSHIFT PUBLISHED ON JUN 22, 2015, WWW.KQED.ORG

2

3

- Find the four compass points posted around the
- Read each one and select the one that most accurately captures how you work with others on a
 - North: Acting "Let's do it;" Likes to act, try things, plunge in.
 - East: Speculating likes to look at the big picture and the possibilities before acting.

 - South: Caring likes to know that everyone's feelings have been taken into consideration and that their voices have been heard before acting.

 West: Paying attention to detail —likes to know who, what, when, where and why before acting.
- ▶Go to that point and remain there throughout the

Select individuals in your grou	ps f	Or
the following roles:		

- ➤ **Recorder** record responses of the group
- Timekeeper keeps the group members on task
- >Spokesperson -- shares out on behalf of the group when time is called

- Now each group will have 5 minutes to respond to the following questions:
 - ▶ 1. What are the strengths of your style? (3-4 adjectives)
 - ▶ 2. What are the limitations of your style? (3-4 adjectives)
 - ▶ 3. What style do you find most difficult to work with and why?
 - 4. What do people from other "directions" or styles need to know about you so you can work together effectively?
 - ➤ 5. What is one thing you value about each of the other three styles?

EAST- Leadership Development Workshop Team Based Learning Exercise

1

The single biggest way to impact an organization is to focus on leadership development. There is almost no limit to the potential of an organization that recruits good people, raises them up as leaders and continually develops them."

-John Maxwell

2

Leadership Styles

- Autocratic Style- Directive style of leadership. Direction is provided without explanation and rational. "These are the well-established steps, thus this is the way we do it"
- Benevolent Autocratic A less directive form of leadership, usually with explanations and rationales for decisions. "This is what want I you to do and this Is why we need to do it this way"
- The Consultative Style- An interactive style involving input from the team about the leader's ideas but the leader will make final and critical decisions.
- Participative Style- An interactive style but with greater input from the group including their ideas. The Leader will still make the final decision. With this approach, the leader must be willing to accept the opinions and ideas of the team.

Leadership Styles

- Consensus Style- The leader operates with the team as a voting member. The team is given the most responsibility with this style. (Versions include true consensus and majority rules)
- Laissez-Faire Style- The least directive style. The responsibility for the activity or task is placed on the team. It is a powerful way to empower a highly skilled team while providing support and oversight as needed.

