




Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers

**32nd EAST Annual Scientific Assembly
Short Course**


**The Insider's Guide To Kickstarting Your Research Career:
What No One Ever Tells You About Becoming A Surgeon-Scientist**

**January 16, 2019
JW Marriott Austin
Austin, Texas**



east

Understanding Local Hiring Practices

Brandon Bruns
University of Maryland School of Medicine
R Adams Cowley Shock Trauma Center




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east

Understanding Local Hiring Practices (with some personal thoughts thrown in)

Brandon Bruns
University of Maryland School of Medicine
R Adams Cowley Shock Trauma Center



2



3

**Are you hiring your research
staff?**

Are you looking to get hired?



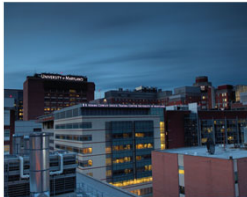
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Hiring your research staff



5



Consider Your Setting



6

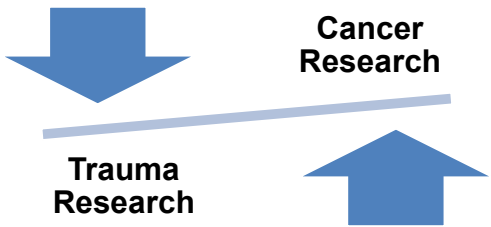
FROM OUR SENIOR DIRECTOR OF RESEARCH


- Retention, Retention, Retention
- 24/7 Scheduling
 - No incentive pay for nights, weekends, holidays
 - Essential employees

7

State of Maryland





8

Trauma Research

- 24/7
- Weekends & holidays
- Approaching families immediately
- Same pay

Cancer Research

- Regular work schedule
- No weekends or holidays
- Time for families to absorb diagnosis
- Same pay on paper (in reality, there is more money)


9

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WHO DO WE HIRE

- International work visas
- 4-year degrees
 - “Kids” who want to get into med school
 - Retention
- 2-year nursing degrees
 - Difficulty with promotion



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BOUNDARIES TO HIRING

- Money
 - 10 million for trauma / 60 million for cancer*
- Retention
 - Smart “kids” leave in a year
 - Changes in visa programs



* Our Senior Director of Research



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LESSONS I’VE RECENTLY LEARNED

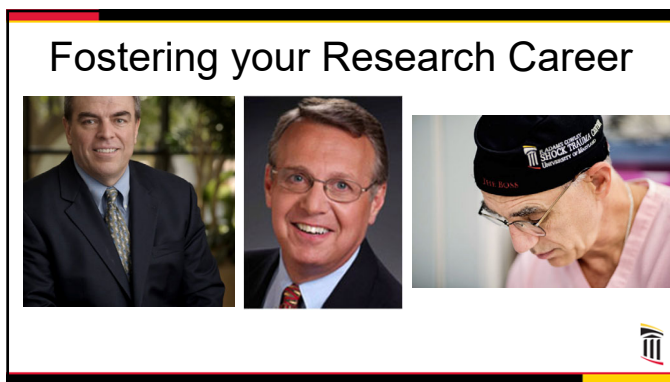
- Politics and interactions are not typical for your daily life
- Timeframes can be more “administrative”



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- ### WHO IS YOUR BOSS?
- Personality of your boss
 - Expectations of your boss
 - K award / R01 / Clinical
 - What can you (safely) request
 - Time / Money / Facilities
 - What results are then expected
 - Money will expect results

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MORE TRAINING

- Research specialization courses
- Advanced degrees
- Self-paced online courses

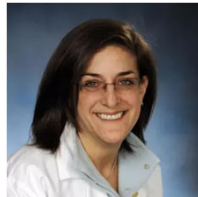
If possible, do it early and get it paid for



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PhD



MPH



20

BE HONEST WITH YOURSELF

- Clinical vs Research
- Can you have both?
- What would you do with protected time?
- What are the expectations?
- What makes you happy?



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MOST ACADEMIC CENTERS VALUE RESEARCH

- Collateral to get promoted...and maybe get a raise
- Local (and national) recognition
- Fun and creates a varied experience



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AS YOU PROGRESS... CONTINUE TO BE HONEST

- What do you enjoy?
- What are your local resources?
- Should you go back to school?
- Are you happy where you are?




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**These future Longhorns encourage you
to enjoy Austin.**



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Jumpstarting Your Research Career


What is my area of focus going to be?

Michael Cripps, MD, MSCS, FACS
Division of General and Acute Care Surgery

Department of Surgery

UT Southwestern
Medical Center

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Disclosures

- I have no financial disclosures

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Medical Center

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Where to start?

- One of the *most* common questions I get about research
- Topics, type of research, what infrastructure is needed, who can help you, funding

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Start at the beginning

- What do you LOVE?
 - If you are excited about a topic, you'll spend the time on it
- What is common in YOUR practice?
 - If your main interest is NOT common, what IS?
 - Study what's around you and make it yours
- Your AREA of focus can be broad
 - Find various specifics under the area of interest

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What Type of Research

- Outcomes
 - Relatively fast, establish yourself
- Clinical Trials
 - Highly respected
- Basic Science
 - Mechanistic explanations
- Translational
 - Link clinical and basic science
- Qualitative
 - Education, Implementation

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Outcomes

- "Chart review" – Early career
- Do not need a lot of infrastructure
 - Computer; access to the charts
 - IRB is straightforward
- Establish you as an expert
- Labor Intensive – where are you getting data?
- Statistics help/training
- Informatics - \$\$, need experts
- MPH

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Clinical Trials

- Observational Trial – Early/Mid Career
- Big endeavor – Mid career
- Need significant infrastructure
 - Your time and/or significant coordinator resource
 - Significant \$\$ and/or Department/Division support
 - IRB, Data Safety Monitoring Board
 - Trauma – Exception from Informed Consent
 - Community consultation
- Masters of Clinical Science

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Basic Science

- Can be in early career
 - Already have some training (MS/PhD) OR have PhD ready to mentor a clinician
 - Physical lab space, equipment, capital start up
 - Negotiate at recruitment
- Animal Models? IACUC; clinical samples? IRB
- Translational
 - Both issues of Clinical Trials and Basic Science
 - Can lean more to the PhD or to the MSCS

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Qualitative Research

- "Soft Sciences"
- With On Job Training being restricted, more emphasis on
 - Education
 - Simulation training
 - Physician wellness
- Need mentor/training
 - Support from Department

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Who can help you

- You're going to need manual labor of residents, students, and coordinators
- Who's going to help be your mentor?
 - Your career mentor is often not your research mentor
 - Look for mentors outside your Division and Department
 - Clinicians, PhDs, Nursing

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Funding

- Who's going to pay for all of this?
- Start with what you have
 - Negotiate some \$\$ in your contract!!
 - See what others are doing
 - Get some preliminary data
 - Apply, Apply, Apply, Apply, Apply, Apply, Apply, Apply, Apply, Apply

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Pragmatic Research Flow

- New Fellow/Faculty: "I want to do the definitive clinical trial on ABC comparing Y to Z. Plus, I'd like to run some gels on these samples to identify the mechanism at play."
- Me: You'll need 3 million dollars
- New Fellow/Faculty: I hate research.

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Pragmatic research flow



- Pick a topic that you WANT to study
- Do a retrospective review (outcomes)
 - On a specific topic a FEW TIMES
 - Build a database
 - Write review paper(s)
- Do an observational study
 - Collect samples; get additional training
- Possible do an MIT/join a MIT
- Get grant(S)
- Do BIG study

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Conclusion



- Start with what you love and what's around you
- Don't re-invent the wheel
 - Look for mentors
 - Look for collaborators
- Don't give up!

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Insider's Guide to Kickstarting Your Research Career: Compensation/Rewards

Daniel Holena, MD MSCE
Associate Professor of Surgery and Epidemiology
Division of Traumatology, Surgical Critical Care, and
Emergency Surgery
Department of Surgery
University of Pennsylvania

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Disclosures

- ▶ Commercial: None
- ▶ Salary support through NHLBI K08 HL131995

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Why talk about compensation/rewards?

- ▶ Few people are motivated by true altruism
 - ▶ Effort needs to be rewarded in order to be sustained
- ▶ Failure to appropriately reward leads to failure
 - ▶ Rewards must be:
 - Commensurate with effort
 - Titrated to level of expertise
 - Appropriate in nature
- ▶ The success of your research efforts depends on this!!



3

Major points covered

- ▶ Types of Compensation/Rewards
- ▶ Matching motivation to reward
- ▶ Setting expectations

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Types of Compensation/Rewards

- ▶ Financial Compensation
- ▶ Prestige/Accomplishments
- ▶ Knowledge/Skillsets
- ▶ May be overlap between types of compensation, e.g.:
 - ▶ New data analyst -> Financial and skillsets
 - ▶ Undergraduate student -> Knowledge, Financial, Prestige

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Financial Compensation

- ▶ Pros:
 - ▶ Tangible and objective
 - ▶ Universally accepted currency
 - ▶ Everybody needs it
- ▶ Cons:
 - ▶ Ephemeral and consumable
 - ▶ Generally does not inspire passion or loyalty
 - "You really want a (research group) full of missionaries, not mercenaries"



6

Financial Compensation

- ▶ What you need to pay this out:
 - ▶ Direct control of funds
 - ▶ Access to funds
- ▶ Where you get that:
 - ▶ Research support programs
 - ▶ Seed funding
 - ▶ Grant funding
 - ▶ Salary



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Prestige/accomplishment

- ▶ Pros:
 - ▶ More durable than financial gains
 - ▶ May provide opportunities that financial gains cannot
 - Medical school/residency/fellowship/faculty interviews
 - Recognition within specialty
 - Travel
- ▶ Cons:
 - ▶ Not guaranteed
 - No publication, no prestige
 - ▶ Requires up-front investment of effort



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Prestige/accomplishment

- ▶ What you need to pay this out:
 - ▶ Credibility - ability to deliver
- ▶ Where you get that:
 - ▶ Individual track record
 - ▶ Affiliation with others who are accomplished



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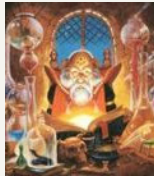
Be able to provide concrete examples, references

Role	Research Topic	Dates	Current Position	Grant Support
Post-doctoral fellow	POR in critical illness	2004-2006	Assistant Professor University of Maryland	K12, NIHARDSnet
Post-doctoral fellow	POR in critical illness	2005-2008	Associate Professor University of Michigan	K08, VA-MERIT, R21
Post-doctoral fellow	POR in critical illness	2006-2008	Associate Professor University of Pittsburgh	K23, R01
Post-doctoral fellow, Junior Faculty	POR in lung transplantation	2006-2009	Assistant Professor University of Pennsylvania	K08, R01
Primary mentor, K23	POR in critical illness	2007 - present	Assistant Professor University of Pennsylvania	K12, K23
Post-doctoral fellow Primary mentor, K23	POR in critical illness	2007 - present	Assistant Professor University of Pennsylvania	K12, K23

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Knowledge/Skillsets

- ▶ Pros:
 - ▶ More durable than financial gain or prestige
 - ▶ May result in new abilities to independently conduct research
- ▶ Cons:
 - ▶ Requires up-front effort
 - ▶ Less visible/tangible than other types of rewards
 - ▶ Gratification may be greatly delayed



11

Knowledge/Skillsets

- ▶ What you need to pay this out:
 - ▶ Subject matter expertise
 - ▶ Time to teach and mentor
- ▶ Where you get that:
 - ▶ Previous training and experience
 - ▶ Individual effort to make time



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Assessing motivation

- ▶ Understand how research fits into:
 - ▶ The past
 - Any prior experience, motivation for that
 - ▶ The current situation
 - How does the proposed work help candidate now?
 - ▶ The future trajectory
 - Does this make sense in the candidate's proposed trajectory?

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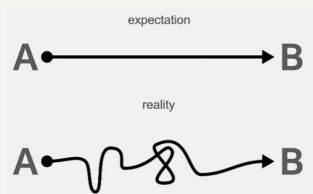
Matching motivation to reward: How can we help each other?

- ▶ How can I help you?
 - ▶ Assess your ability to deliver desired reward
 - Explain how you will deliver it
- ▶ How can you help me?
 - ▶ Assess the potential team member's abilities to deliver the required efforts
 - Do skillsets meet the requirements of the project?
- ▶ If both parties agree that there would be mutual benefit, then it's time to talk about deliverables

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Setting expectations

- ▶ Expectations should be:
 - ▶ Clear
 - ▶ BEFORE starting work
 - ▶ With plans for contingencies



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Examples of clarifying expectations



- ▶ Financial
 - ▶ How much does the team member get paid (hourly? Per prespecified amount of work?)
 - ▶ Is it contingent on future grant applications that are not yet funded?
- ▶ Prestige
 - ▶ Authorship on this work? If so, in what position?
 - ▶ What happens if the team member underperforms?
 - ▶ Able to travel to present this at a meeting if accepted? Who will pay for travel costs?

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In Summary

- ▶ Payment can take many different forms (financial, prestige, knowledge)
- ▶ Understanding the motivations of your team members and your own ability to deliver payment is key to a sustainable win/win relationship
- ▶ Set clear expectations before starting; maintain clear lines of communication


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Time and Work Management

Bellal Joseph, MD, FACS
Professor and Chief of Surgery

Division of Trauma, Critical Care, Burns, & Emergency Surgery
University of Arizona, Tucson, AZ



1



Outline

- Protected time
- Managing protected time
- Plan ahead
- Yearly goals and expectations
- Teamwork & Collaboration
- My Journey

2



Time is Limited



Upgraded atomic clock won't lose a second for 15 billion years



3



Many Things to Do




4




Academic Surgeon




5



Academic Surgeon



6



Success of the Surgeon Scientist

Presented at the Academic Surgical Congress 2016


Educating the surgeon-scientist:
A qualitative study evaluating
challenges and barriers toward
becoming an academically
successful surgeon



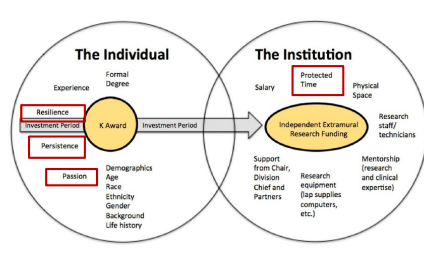
Lisa M. Kodalech, MD, Manvera R. Kapadia, MD, MME, Navin R. Changane, MD,
Kelli Ballard Dunn, MD, Chantakarnh Aue, MD, MBA, Jacob A. Greenberg, MD, EdM,
Rebecca M. Mason, MD, Timothy M. Powell, MD, MPH, PhD, and
Ashli H. Haider, MD, MPH, Boston, MA

Success = Individual + Institution

7



Success of the Surgeon Scientist




The Individual

- Experience
- Formal Degree
- Resilience
- Investment Period
- Persistence
- Passion
- Demographics
- Age
- Race
- Ethnicity
- Gender
- Background
- Life History

The Institution

- Salary
- Protected Time
- Physical Space
- Research staff/technicians
- Independent Extramural Research Funding
- Support from Chair, Division Chief and Partners
- Research equipment (exp. supplies, computers, etc.)
- Mentorship (research and clinical expertise)


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Protected Time

Scholarly Accomplishment and Clinical Responsibilities Tradeoff VS.

Protected time is the only way for a physician scholar to compete for funding




Clinical Responsibilities



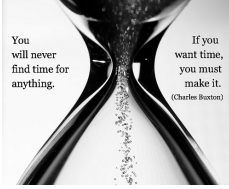
Scholarly Achievement

9




Protected Time

- Time one spends conducting research or contribute to personal career goals or education
- Comes from academic departments in the form of
 - Salary guarantees
 - ↓ clinical volume target
 - ↓ administrative duties
 - ↓ on call duties




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Protected Time

- But how much protected time is enough?
- No published evidence exists
- Caveats exist** →
 - 20% of 70 hours work is very different from 20% of 40 hours work
 - Most experienced research leaders agree → 70% to 80%
- Clearly define protected time during job negotiations
- Protected time is often easier said than done → other forms of work intrude**




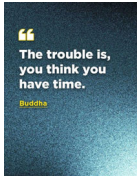
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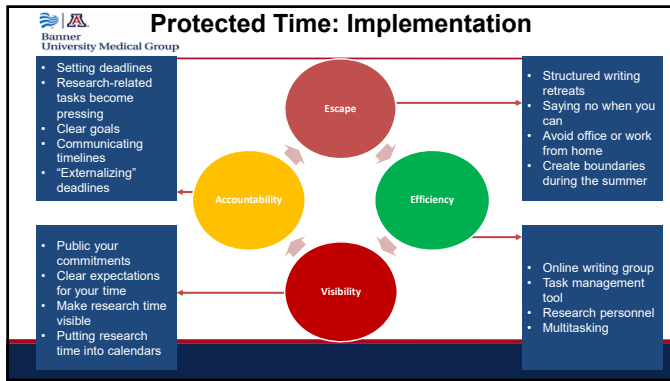
Protected Time

- Protected time is **not a lifelong commitment**
- Expensive:** requires institutions to forgo clinical revenue
- Must transition to **externally funded time**
 - Facilitated by NIH awards, grants





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Academic Faculty Position

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- Procuring protected time is an important part of **job negotiation**
- Define the expectations and **metrics for success during negotiation**
- Understand the following:
 - Teaching/administrative responsibilities
 - # of **publications** expected for promotion
 - Administrative support** provided

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Academic Faculty Position

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Walking Into:

Asking For:


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Protected Time


The promise of protected time must be in writing or it will not happen !

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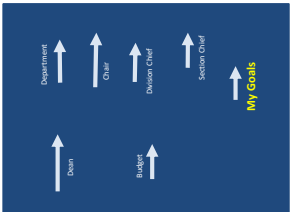


Your Goals in the Overall Scheme of Things

Competing Priorities




Limited resources



- The closer your individual agenda aligns with the unit's priorities and execution plan the better your chances of accessing limited resources and achieving your research potential


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Your Goals in the Overall Scheme of Things




18






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Time Management

Effective Time Management: Surgery, Research, Service, Travel, Fitness, and Family
C. Rees Porta, Michael R. Anderson, Scott R. Steele



- Overwhelming amount of literature on **corporate/industry level time management strategies**
- **Very little published regarding physicians**—and lesser still specific to surgeons
- The most important goal is **finding which methods work well for you** and then implementing them

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Define Your Goals First

- Where you would like to be at various points in the coming years?
- What does success mean to you?
- **Be innovative**
- **Map out your interests**





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Prioritize


- Don't spend too much time on the **unimportant**
- Pareto's Principle:** "80/20 rule" or the "law of the vital few"
 - 80% of our results come from 20% of our time/energy
- Daily tasks
- Career goals: 1-year, 5-year, and 10-year plans



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Manageable Realistic To-Do Lists




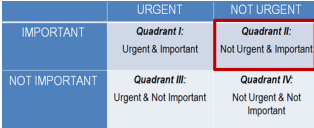
- Conflict between urgency and importance plays out in real life
- We're far more likely to deal with urgent activities - they insist on action


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Manageable Realistic To-Do Lists

- Stephen Covey's Time Management Matrix Explained



 May be perceived as 'important' and 'urgent' to others

- The time management matrix is separated into four quadrants that are organized by **importance** and **urgency**

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Manageable Realistic To-Do Lists

- Focus most of your energy on activities that are **important but non-urgent** → **Quadrant II**
- **Stay out of :**
 - **Quadrant I** filled primarily with crises
 - **Quadrant III** interruptions and unnecessary meetings
 - **Quadrant IV** busy work and time wasters




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Manageable Realistic To-Do Lists

- **Create lists and rank them** in priority/urgency order
 - Talk with the clinic nurse, edit a manuscript, daily ward rounds etc
- **Continually updates and reassesses the list** so that it accurately reflects goals for the day or career
- Planning should be **realistic**
- Keep a slot for **unforeseen delay**



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Time Management Pearls

Saying “No”


Delegating Tasks

Start on Time

Don’t Procrastinate

Multitasking

Plan Ahead



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Time Management Pearls

Saying "No"

Delegating Tasks

Start on Time

Don't Procrastinate

Multitasking

Plan Ahead

- **Important step** toward protecting the limited time we have
- Can be extremely difficult at times
 - Especially **early in your career**
- Be careful of **several "no's"**
- Use **professional and considerate methods**

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Time Management Pearls

Saying "No"

Delegating Tasks

Start on Time

Don't Procrastinate

Multitasking

Plan Ahead

- As surgeons: job is done right when we **do it ourselves**
- Learn to **delegate responsibility meaningfully**
- This makes the **best use of your time** + helps other **people in the team grow**
- **Win-win** when done appropriately
- **Cited solution to burnout and fatigue**

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Time Management Pearls

Saying "No"

Delegating Tasks

Start on Time

Don't Procrastinate

Multitasking

Plan Ahead

- Be 5 minutes early
- Dr. Stillwagon published the "**ten time commandments**" (2010)
 - 1st commandment was to **start on time**
- **Simple and doable task**: falling behind ↓ productivity ↓ satisfaction
- **Minimizes frustration**

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Time Management Pearls

Saying "No"

Delegating Tasks

Start on Time

Don't Procrastinate

Multitasking

Plan Ahead

- Procrastination is a conscience decisions made by the physician because of lack of interest or understanding
- Usually outside the realm of patient care
- More prevalent in administrative, economic, or managerial aspects

Just Do It...Later

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Time Management Pearls

Saying "No"

Delegating Tasks

Start on Time

Don't Procrastinate

Multitasking

Plan Ahead

- Solution is simple: Stop, now!
- Do it right away
- If not put it on your more urgent to-do list and get it done soon
- Get more information
- Delegate it to someone with better understanding

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Time Management Pearls

Saying "No"

Delegating Tasks

Start on Time

Don't Procrastinate

Multitasking

Plan Ahead

- Realistically, only 10% of us can truly "multi-task"
- Art of starting a new assignment before the completion of the previous
- Can have deleterious consequences
- Becomes more difficult with age
- Know what works best for you

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Time Management Pearls

Saying "No"

Delegating Tasks

Start on Time

Don't Procrastinate

Multitasking

Plan Ahead

• Set **short** (1–3 years) and **long-term** goals (5–10 years)

• Achieving long-term goals requires completing a series of **short-term milestones**


• **Experience and maturity** are required to balance and revise goals

• **Periodic review by a trusted mentor** can help assess progress

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Minimizing Time Wasters



Time waster

Telephone calls

Email

Physical interruptions

Paper

Repetitive activities

Disorganization

Procrastination

Meetings

Waiting

Commuting

Check messages and return calls 1-2 times per day*

Check no more than 3-4 times per day*

Disable auto alert messages for mail arrivals

Develop a reliable and reproducible filing system for saved messages

Rapidly dispose of unwanted messages at first pass

Accurately identify and discard junk mail

Close office door and respect as colleagues do the same

Handle each piece of paper only once (When in doubt, throw it out)

Develop reliable and reproducible filing system

Store publications as electronic PDF files

Automate (by developing patient education handouts)

Create "quick text" for frequently used phrases in email or in electronic medical records

Delegate tasks that can be done by others

Clean and organize the desk and office

Organize paper, mail and electronic files for easier accessibility

Identify and address reasons for procrastination

Accomplish small increments of progress on a project

Do not allow perfectionism to get in the way of progress


Arrive on time (change the culture of lack of punctuality)

Bring alternative work if others are not punctual

Perform quick and easy small tasks (clinical or administrative paperwork works well)

Enjoy music, books on tape, quiet self-reflection, relax like audio continuing medical education, learn a foreign language

Read journal articles if using public transportation





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Social Media

• Double edged sword

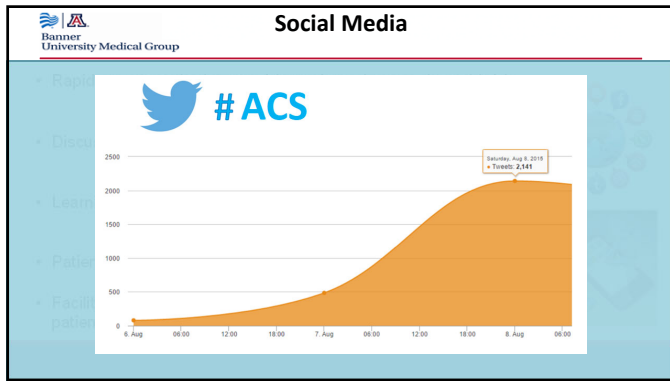
• Can waste time or save time (if used wisely)







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Social Media

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- Optimize your social media platforms
- Eliminate distractions
- Cut back on wide social networks
- Set up topic alerts

"In a world deluged by irrelevant information, clarity is power"

Yuval Noah Harari
21 Lessons for the 21st Century


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Efficient Research Infrastructure

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- **Research Offices:**
High-performance computers with full access to popular and scholarly resources
- **Basic Science & Animal LAB:**
Consider: requirement, lab space, and budget.
- **Secured Room:**
Store databases and patients' documentation (i.e. consent forms)


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Efficient Research Team

Research Personnel:

- Research Specialist:**
 Maintain research project objectives, management of research activities (e.g. data collection)
- Research Fellows:**
 Basic and clinical research studies, manuscript drafting, conduct statistics, and institutional representation.




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Teamwork

- A research infrastructure requires a team system design
- There must be a **research idea** prior to recruiting students, residents, fellows
- Create a forum for peer review and discussion of new projects
- Be clear about **expectations**
- Enthusiasm at the top** creates enthusiasm in the ranks




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Structure Your Team

- For some tasks a formalized **hierarchical structure** is an appropriate team design
- More complex varied tasks may demand **intense teamwork and team adaptation**
- Defined roles**
- Accountability**
- Clear and proactive** communications



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Teamwork


Team work fundamentals

- **Trust**
- **Lead from the Inside**
- Energize and Sacrifice Fear
- Good Communication & Social Skills
- **Diverse**

- **We instead of Me**
- Individual Accountability
- Processes for Conflict Resolution
- Remember the Mission
- **Keep the drums beating**





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My Journey

- How I started:
- Signed a piece of paper
- Had **no infrastructure in place**
- Did not have a **well defined goal** and a **specific research interest**



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Mistakes I Made Early On

- Didn't set my goals right
- Missed out on NIH K awards
- Didn't establish my pace





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From Here to There

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- DARPA
- DOD
- NIH
- NIA
- INDUSTRY

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TOP 10 Words of Wisdom


It's not work life balance but work life integration

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WOW

Believing that you are going to have protected time all the time is not realistic





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WOW

Define your goal and destination







50




WOW

Reward the Team






51




WOW

Make the people around you better
Help others succeed



Offer Real Help




52




WOW

Establish your pace




53




WOW

Be the first to come and the last to leave

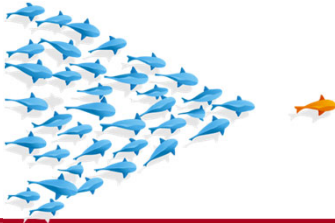


54




WOW

Lead by example




55



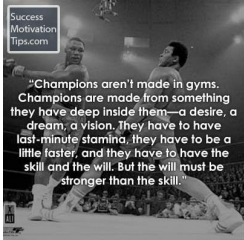
Final Thoughts

- The difficulty with this subject is not in understanding but rather in **applying the material to everyday life**
- Stay disciplined
- Be resilient
- Seek advice
- Find what works for you
- There is no set template for the right amount of time
- Design your career

56

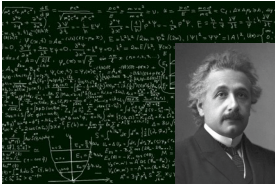


Self Control Instead of Time Control




Success Motivation Tips.com

"Champions aren't made in gyms. Champions are made from something they have deep inside them—a desire, a dream, a vision. They have to have last-minute stamina. They have to be a little faster, and they have to have the skill and the will. But the will must be stronger than the skill."




57





Eastern Association for the Surgery of Trauma

Advancing Science, Fostering Relationships, and Building Careers




What are my Strengths and Weaknesses: Anecdotes of failures and successes

Jose Pascual MD, PhD


Associate Professor of Surgery & Neurosurgery, Perelman School of Medicine

Trauma, Emergency Surgery, Surgical & NeuroCritical Care


University of Pennsylvania



1




• Nothing to disclose





2

Outline



- The Academician
- “What I like” vs “What I’m good at”
- Diversify & build on existing work
- Integrating your clinical and research facets
- New training vs leveraging previous expertise
- The invariable administrative duties





3

So you want to be an Academician...

- Or maybe really never thought you could
- Research...
 - Bench
 - Outcomes
 - Translational
 - Big data
- But other approaches
 - Education
 - Quality improvement
 - Best practices
 - Hospital management



4

Differentiating what “I like” and what “I’m good at”.

- Sometimes these ARE different
- You should not persist if you continually dislike a research question/area
 - What if you are still successful at it?
 - Be pragmatic and build on it
 - Explore more palatable aspects
- An area “I Like” may need to be abandoned
 - Standard of care, no longer novel
 - Proven to not work/harm



5

Is there a gap? A Niche?



- Filling gaps = academic success
- Where do I fit in this?
- Is it a saturated research field?
- Is there an aspect that is missing?
- May become evident in research discussions
- May become evident during clinical discussions
- May appear foreign/misplaced at first..
- *De facto* standard ... never challenged before
- Recognition is key



6

Diversify Scholarly (Research) Interests

- Don't stick to one topic/area/approach
 - What will you do when this dries up?
 - What if the timeline is long (i.e. 10 yrs)
 - What if it is established to be harmful?
- Build on published success
 - Pursue follow up studies if there is appetite
 - Different aspects/facets/populations
 - Watch for "slicing the salami"
 - The smallest-publishable-unit strategy



7

Career times when a wide scope should be pursued

- First faculty position / change of job
 - Building a contract
 - Strong negotiation position
 - Seed money
 - Collaboration with partners, across divisions, departments, Schools
- Private to academic, academic to community
- Be willing to try; Be courageous to accept if the trial was not for you.



8

Build on existing (published) work

- You finally published the project... now what?
- Seek a multipronged approach
 - Basic science confirmation
 - Multicentered trial
 - Prospective version
 - New outcome; same populations
 - New population; same outcome
 - "How to session" at a national meeting
 - Course curriculum
 - Best practices review



9

Integrating your clinical strengths



- Build bridges between your two personas
- Can you be the go-to clinician and have the know-how in a specific field and also happen to have deeper research knowledge in that same field?
- Can you be officially certified
 - Ie: geriatric, quality, palliative care
- Can you be cross appointed in that Department, School, University...



10

Combine clinical reading with source of inquiry

- Every time you read an (clinical, research) article imagine what the next logical question(s) is and determine if doable by you, your institution, your registry etc.
- File away in your "research ideas" folder for later
- Always keep that folder close by – consider having subfolders
- Pull it out when someone asks to "do research with you"



11

Maximize new learning but leverage your background training/experience

ACQUIRE NEW

- CME courses
- Faculty development initiatives
- National Scientific Meetings



LEVERAGE EXISTING

- What did you do in college?
 - Engineering
 - Business
 - Tutoring/teaching
- What did you try in med school?
 - Global surgery/medicine
 - Electives



12

Convert administrative roles/duties into scholarly work – these are opportunities

- Kill 2 birds with one stone
 - You are asked to take over the med student curriculum
 - Prepare modules/lectures/sim sessions with “studyable” questions, surveys
 - Align yourself with a colleague/resident/fellow/med student/nurse/AP “champion”
 - Present/publish the curriculum as a pedagogical technique/effort
- You are asked to take over the optimization in billing of your division
- You are asked to teach handoffs
- You’re the new “quality” person
- You are now in charge of Simulation efforts
- Bring locally successful efforts to a national audience
 - Propose sessions at national meetings
 - Study national renditions too.



13

What team? I don’t have a team...

- Most of us don’t have a dedicated Lab tech/ Research coordinator
- What do you have?
 - Residents / Fellows
 - Med students
 - *Quid pro quo*
 - Shadowing
 - Mentoring
 - YOUR time, your example
 - Undergrads?
 - APs/RNs
 - Students in other Schools (Engineering, Business school)
- “Never” turn down an interested trainee/junior faculty.



14

Offer the collaborator to be part of the “team”

- Could they be an author?
 - Of the national presentation?
 - Of the manuscript
- Trainee collaborators
 - Mentorship
 - Shadowing
- Seek more junior members under the “senior” collaborator
 - They may benefit much more and will likely get the work done
 - I.e: mentoring one of your colleagues’ mentees



15

Always reward those that work hard

- Authorship order
- Presentation opportunities
- Write an unsolicited letter of reference
- Take time to recognize staff that helped in non scholarly issues
 - Admin assistant/secretary
 - Lab manager
 - Research coordinator



16

Doing the work

- Never turn down someone who seeks you out to do research
- Overseas research trainees
 - Motivations
 - Clarity
 - Self paid
 - 2nd year scholarships
- Watch for hostile emails
 - Appear like mass email



17

Pearls of introspection in academic research

- Be truthful to yourself.
 - Don't overstate your strengths
 - Recognize your weaknesses and work to rectify them
- Understand that your strengths may be fluid
- Be flexible in the direction of your scholarly work
- Diversify
- Accept (seek) advice
- Be open to new opportunities



18

Thank you



19

- 1) One very successful approach for junior faculty to employ when choosing scholarly projects,
 - A) Is to only pick those aligned with his/her expertise
 - B) Is to pick only those that he/she finds interesting
 - C) Is to pick those related to existing work
 - D) Is to pick only those that he/she is forced to do by division chief
 - E) Is to pick only projects that brings dollars to the investigator
- 2) Regarding assistance for scholarly projects in junior faculty without research protected time
 - A) Only use fellow or resident physician level collaborators
 - B) Never use undergraduate, graduate and medical students their projects don't get published
 - C) Might as well forget it no student is interested in working with junior faculty without pay
 - D) Undergraduate students never give faculty projects a successful ending
 - E) Summer students working with you can result in peer reviewed publications



20



What do I need from a program to be successful & how do I negotiate it?

The Insider's Guide to Kickstarting Your Research Career: What No One Ever Tells You About Becoming a Surgeon-Scientist
 Wednesday, September 25th, 2018
 Austin, TX

Heena P. Santry, MD MS FACS
 Associate Professor of Surgery
 Director, Center for Surgical Health Assessment, Research & Policy
 Ohio State Wexner Medical Center

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Center for Surgical Health Assessment, Research & Policy

Content not supported by my funders

I receive a consulting fee from Johnson & Johnson for serving on a fragility fracture advisory board




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Step 1

- Answer the following questions:
 - How do you define your research?
 - How to you envision your research career?
 - What resources do you need to succeed?

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Q1: How do you define your research?

Health Services Research



Clinical Translational Research



Basic Science Research



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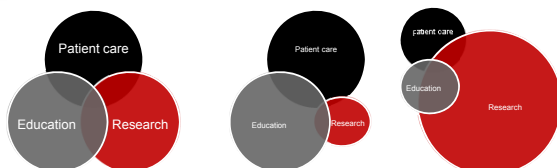
Shared attributes of research

- All 3 methods are **real science**
 - Shared methodologic rigor
 - Different tools
- None are hobbies done on nights and weekends
- All 3 require:
 - Time
 - Skills
 - A team to support YOU – **the PI**

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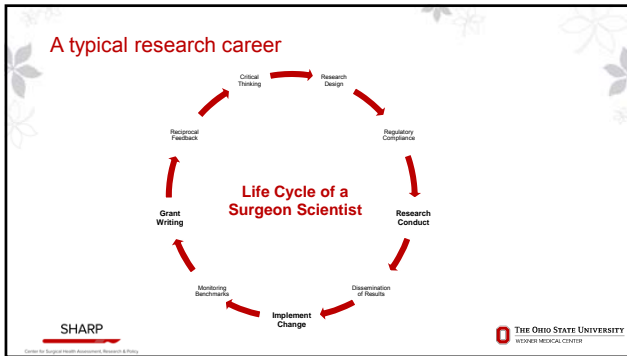
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Q2: How do you envision your research career?



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Additional training

- What's your existing skill set?
- What skills are you missing to conduct research?
- What options exist to gain necessary skills?
- Be fluent in the language of research

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Mentorship

"Mentorship is a one-on-one, mutual, committed relationship between a junior and a senior person designed to promote personal and professional development beyond any particular curricular or institutional goals."

-Am J Health-Syst Pharm 2006;63:1597



- Earlier promotion (Wise 2004; Aagaard 2003; Leppert 2002)
- More publications (Levinson 1991)
- Higher career satisfaction (Ragins 1999; Sambunjak 2006)
- Increased retention of women and minorities (Stanley and Lincoln 2005; Yoshinaga-Itano 2006)



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Research team

- Project Coordinator/Lab Tech
 - High-level research admin support
 - Regulatory/Compliance
 - Submissions/Literature reviews
 - Outlines/Copy-editing
- Data analyst/Post-doc
 - Manage databases/Lab experiments
 - Plan and write statistical/experimental plans
 - Perform analyses/experiments
 - Assisting in interpretation and visualization of results

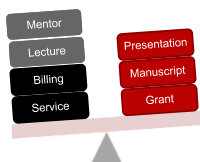


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Time to think/do research



COVEY'S TIME MANAGEMENT MATRIX

	Urgent	Not Urgent
Important	1	2
Not Important	3	4

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Step 2: Negotiate

A method by which people settle differences.
It is a process by which compromise or agreement is
reached while avoiding argument and dispute.
(Life Competencies for Growth and Success: A Trainer's Manual By Devendra Agochiya)

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Step 2: Negotiate

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Why is negotiating protected time in academic
surgery adversarial?

Research

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Why is negotiating protected time in academic surgery adversarial?

The currency of our work is wRVUs

Research

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Why is negotiating protected time in academic surgery adversarial?

Our learners are always present

Research

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Why is negotiating protected time in academic surgery adversarial?

People who are not scientists don't understand

Research

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Why is negotiating protected time in academic surgery adversarial?

Defining 1.0 FTE in our specialty is complicated

Research

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Getting time and resources to succeed



- Know your adversary
- Sell you (the PI) and the research
- Establish your goals
- Exemplify mutual benefits
- Define protected time (\$\$\$\$)

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With whom should you negotiate?

- Dean? Chair? Division Chief?
- Depends on who has the resources to support your needs
- If you are jumping rank, make sure your other leaders know and are supportive
 - Practice negotiating with these other people



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Your **key target** for negotiation has to be in a position to provide time/resources and **see its value** to the organization.

[illegible]

Clearly demonstrate that your research is developing **a body of work** for which you will be known as a leading surgeon scientist, for which **extra-mural funding** is the goal.

[illegible]

What should you negotiate for?

- The commitment of mentors
- Your research team
- Space (esp for wet lab)
- Start-up funds to support anything else you need for research
 - Databases/equipment
 - Ad hoc research services
 - Salary support for RAs
 - Small grant funds
 - Travel



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- The commitment of mentors
- Your research team
- Space (esp for wet lab)
- Start-up funds to support anything else you need for research
 - Databases/equipment
 - Ad hoc research services
 - Salary support for RAs
 - Small grant funds
 - Travel



Protected Time

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How much time to do you really need?

- Percentages are smoke and mirrors
 - Specify time in weeks/days/months
 - Ensure goals are realizable within that timeframe
- State what other resources you will seek to cover salary
 - CCTS
 - Society Grants
 - NIH or equivalent funding

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What will you be doing, when, and how?

- Clear set of deliverables
- Annual goals
 - X papers/presentations year
- Benchmark achievements
 - K-award by year X
 - R01 by year Y
 - Promotion by year Z
- Ask for and justify the other resources your will need
 - Budget justification

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SMART Goal Setting in 5 Easy Steps		
Step	Mnemonic	Description
1	S pecific	Exactly what is it you want to achieve in your business and to what extent? A good objective statement or goal should answer the question "what, which, who, where, when, why?"
2	M easurable	You need to be able to track the progress and measure the outcome. A good objective statement should answer the question "how much or how many?"
3	A ction oriented	Say what you are going to do. A good objective statement should describe a result.
4	R ealistic & Relevant	The objective should be challenging but realistic and also relevant to your business. Objectives may appear optimistic initially, but as you develop strategies to achieve them they become realistic.
5	T ime based	Objectives should include a time limit. A good objective statement should include "by when" as you want to achieve your result?

Set **goals** that **stand out**
above others' goals,
be **realistic**, and
own the time/resources
it will take to achieve them.

[illegible]

How will your department benefit?

- Increase in research output
 - National presentations
 - Publications
 - Grant funding
 - Know your dept Blue Ridge ranking
 - Know how many funded researchers
- Resident mentorship
 - Where do they do research now?
 - Can you provide another compelling option?



Photo credit: <https://www.flickr.com/photos/feshaines123/>

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Surgically Assisted Reproductive Procedures

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[illegible]

Present your **authentic self** as a surgeon and as a researcher,
share your **passion**,
state your case, and acknowledge
that you realize **this is an investment**
(and that you will garner ROI).

Step 3: Do the work

Think

Meet Regularly

Write

Exchange Ideas

Study

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Fiercely protect your protected time

- Your research is urgent & important
 - Even when there is not a deadline
- No cheat day
- Blocks of time to write
- Limit meetings
- Use it for necessary training & education in methods

COVEY'S TIME MANAGEMENT MATRIX

	<i>Urgent</i>	<i>Not Urgent</i>
<i>Important</i>	1	2
<i>Not Important</i>	3	4

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Protected time is your life vest

- Your mentors are your captains
- Your research team members are your first mates
- Your division colleagues send you care packages while out to sea

Pursue your passion – effort not worth the rewards if your heart is not in it.

But, negotiate effectively to get to your version of yes.

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Thank You



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14 | SHARP for Surgical Health Enhancement Research & Study

Utilizing Unpaid Volunteers

D. Dante Yeh, MD, FACS, FCCM
Associate Professor of Surgery
Ryder Trauma Center
University of Miami

1

- ▶ Before They Volunteer
 - ▶ Assess their motivation
 - ▶ Understand their motives
 - ▶ Understand their capabilities
- ▶ While They're Volunteering
 - ▶ Data verification
 - ▶ Weekly reports
- ▶ After Volunteering
 - ▶ "Exit" interview

2

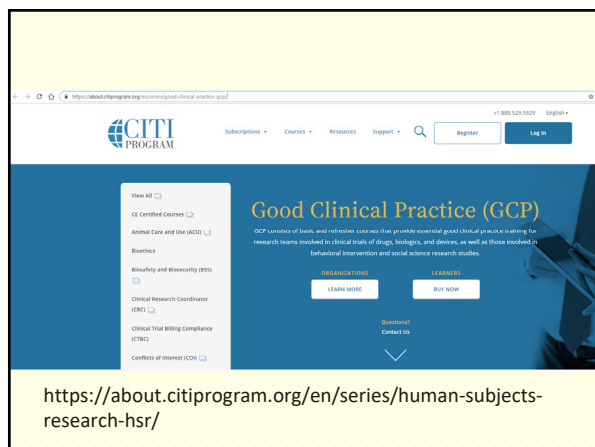
Before They Volunteer

- ▶ Assess their motivation
 - ▶ Don't waste your precious time!
 - ▶ A significant proportion will not have the "grit" to pass the first test
 - ▶ How to separate the wheat from the chaff?

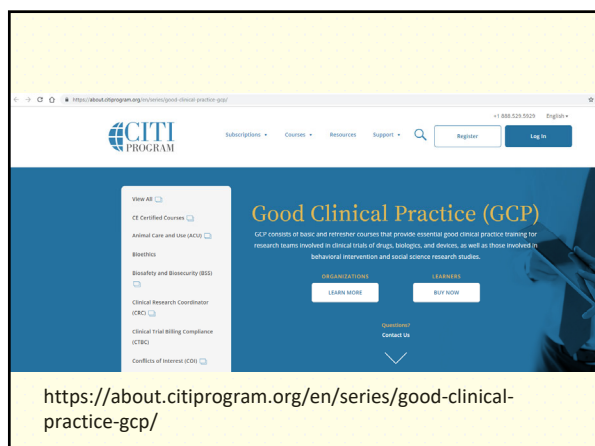
3



4



5



6

Before They Volunteer

- ▶ Understand their motives
 - ▶ Letter of recommendation
 - ▶ Research publications
 - ▶ Exposure to the field
 - ▶ Learning research techniques
- ▶ Can be done as an email or a 15-min meeting
- ▶ Understand their capabilities
 - ▶ Set realistic goals appropriate to their skill and timeframe

7

While They're Volunteering

- ▶ Data verification
 - ▶ Always, Always, **ALWAYS** check their data for the first couple records
 - ▶ Do a random "spot check" about a week later
- ▶ Make it a priority to attend to their tasks (ex: manuscript drafts) so they are not waiting on you

8

While They're Volunteering



- ▶ Weekly reports
 - ▶ Very helpful to stay organized and track their progress

9

Handling Difficult Situations

Robert D. Winfield, M.D., FACS
Division Chief, Acute Care Surgery, Trauma, and Surgical Critical Care
Director, Trauma Research
The University of Kansas Medical Center



The Insider's Guide to Kickstarting Your Research Career:
What No One Ever Tells You About Becoming a Surgeon-Scientist
32nd Annual EAST Annual Scientific Assembly
January 16, 2019



1

Disclosures



- No financial disclosures
- The views expressed here do not constitute legal advice by me or the University of Kansas Medical Center



2

What do you do?

Scenario #1



3

What do you do?



4

What do you do?

- Your fledgling research program has managed to secure two research assistants and you're running your first funded clinical trial. One of the research assistants has difficulty completing data entry correctly and has failed to respond to trauma activations to collect blood samples for the trial. When you confront him about his poor performance, he displays erratic repetitive movements and begins to cry before indicating that "we're not really doing research anyway", which is nonsensical to you.



5

What issues are in play in this scenario?



6

What issues are in play in this scenario?

• Poor performance

• Data entry issues


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7

What issues are in play in this scenario?

• Poor performance

• Data entry issues

• Not fulfilling job duties

• Missing potential study samples by not responding to trauma activations


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8

What issues are in play in this scenario?

• Poor performance

• Data entry issues

• Not fulfilling job duties

• Missing potential study samples by not responding to trauma activations

• Is mental illness playing a part?

• Erratic repetitive movements

• Tearful response

• Nonsensical statement


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The University of Kansas



9

What issues are in play in this scenario?

- Poor performance
 - Data entry issues
- Not fulfilling job duties
 - Missing potential study samples by not responding to trauma activations
- Is mental illness playing a part?
 - Erratic repetitive movements
 - Tearful response
 - Nonsensical statement
- Is substance abuse an issue?



10

Courses of action



11

Courses of action



- Fire the research assistant on the spot.



12

Courses of action



- Fire the research assistant on the spot.
- Refer the research assistant for psychological counseling.



13

Courses of action



- Fire the research assistant on the spot.
- Refer the research assistant for psychological counseling.
- Document the continued poor performance and confer with human resources.



14

Courses of action



- Fire the research assistant on the spot.
- Refer the research assistant for psychological counseling.
- Document the continued poor performance and confer with human resources.
- Keep the research assistant in spite of poor performance; having someone is better than having no one.



15

Handling the Disruptive/Poorly Performing Employee



- Be proactive – create and share a policy explaining the types of behavior that are not acceptable before you ever face this issue



16

Handling the Disruptive/Poorly Performing Employee



- Be direct, but supportive, about behavioral and performance issues
 - Give the person a chance to correct
- Document repetitive issues (dates, times, details)
- Talk to Human Resources about institution-specific policies and protocols



17

Handling the disruptive/poorly performing employee with suspected mental illness



- Know that individuals with diagnosed mental illness may have protection under the Americans with Disabilities Act
- This does not mean that poor performance must be tolerated



18

Handling the disruptive/poorly performing employee with suspected mental illness



- If mental illness is claimed as justification for disruptive behavior or poor performance:
 - Employers have the right to request certification or a second opinion for confirmation
 - Documentation of failure to fulfill essential job duties can provide the information necessary to defend a firing



19

Handling the disruptive/poorly performing employee with suspected substance abuse



- The same principles apply – the ADA protects employees from being terminated solely for a substance abuse disorder; however,
- Documented poor performance/failure to fulfill essential duties is still grounds to terminate under these circumstances



20

Handling the disruptive/poorly performing employee with suspected mental illness or substance abuse



- Do not attempt to make a diagnosis!
- Know about resources that exist in your institution for people suffering from these conditions
- Have an open dialogue that encourages the employee to request support or accommodation



21

What do you do?



Scenario #2



22

What do you do?



- You oversee a research team comprised of eight members, including a research program manager and seven research assistants. One of the research assistants is consistently late and her work product is consistently poor. You have documented the concerns regarding the research assistant and are preparing to confront her regarding this poor performance when you are notified by human resources that she has filed a sexual harassment complaint against your research program manager.



23

What issues are in play in this scenario?



- Poor performance/Failure to fulfill essential job duties



24

What issues are in play in this scenario?



- Poor performance/Failure to fulfill essential job duties
 - Are these related to sexual harassment in the workplace?



25



What issues are in play in this scenario?

- Poor performance/Failure to fulfill essential job duties
 - Are these related to sexual harassment in the workplace?
- Sexual harassment allegation



26

Courses of action



27

Courses of action

- Fire the research program manager on the spot.

28

Courses of action

- Fire the research program manager on the spot.
- Fire the research assistant for poor performance.

29

Courses of action

- Fire the research program manager on the spot.
- Fire the research assistant for poor performance.
- Fire both the research program manager and the assistant.

30

Courses of action

- Fire the research program manager on the spot.
- Fire the research assistant for poor performance.
- Fire both the research program manager and the assistant.
- Suspend the research program manager while awaiting word from human resources regarding their assessment of the situation.



31

Courses of action

- Fire the research program manager on the spot.
- Fire the research assistant for poor performance.
- Fire both the research program manager and the assistant.
- Suspend the research program manager while awaiting word from human resources regarding their assessment of the situation.
- Suspend both the research program manager and the research assistant while awaiting word from human resources regarding their assessment of the situation.



32

Addressing harassment of, or by, an employee

- Reporting this to the appropriate institutional office, whether witnessed or rumored, is mandatory.
- This should be kept confidential.
- Assure the person reporting that their concern will be addressed per institutional protocols and that they are safe from retaliation.
- Notify the accused that a harassment complaint has been made against them and that an investigation will follow per institutional protocols.



33

Addressing harassment of, or by, an employee

- Abide by the process and decision of the institution, but regardless of the outcome, use this as an opportunity to remind employees of policies regarding harassment.
- Continue to observe for behavior consistent with harassment.
- Observe for behavior consistent with retaliation.



34

Addressing harassment of, or by, an employee

- Do not fire an employee without an appropriate report or investigation into the complaint.
- Talk with poorly performing employees about their poor performance – it may unmask underlying issues.
- Behave with integrity in these situations.



35



If you have to fire an employee...



36

If you have to fire someone on your team:

- Think through the “what ifs” that may result from a termination and how you would answer for your actions in court.
- Work with HR to ensure that the termination is being done in a manner consistent with institutional policy/practice.
- Be direct and brief with the individual about why they’re being fired and that it’s done.
- Prepare for the response of the person, listen, cover essentials (pay, benefits, etc.), and end with dignity (for them and you).





37

The Four Emotions People Go Through After Being Fired

And how to handle each one.

SHOCK/DENIAL Acknowledge the emotion Don't debate or defend Repeat and restate the message	Make sure the message got through Repeat the message Continue to repeat the message
ANGER Acknowledge the emotion Don't debate the merits Don't defend the decision to terminate Be firm	GRIEF Acknowledge the emotion Keep it moving Focus on the future



From, "A step-by-step guide to firing someone" by Dick Grote, available at: [http://www.dickgrote.com/terminations.htm](#)

38





39

What am I trying to achieve? And why?

Tanya L. Zakrison, MD, MHSc, MPH, FACS, FRCSC
@tzakrison

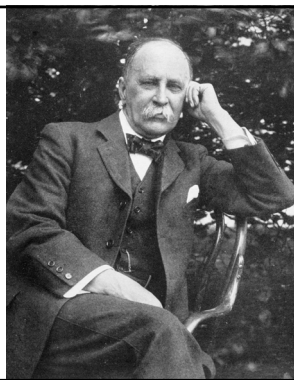
1

Sir William Osler

The Academic Physician:

1. Researcher
2. Clinician
3. Teacher

AKA the “triple threat”



2



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The seven attributes of the academic surgeon: Critical aspects of the archetype and contributions to the surgical community



Todd K. Rosengart, MD^{*}, Meredith C. Mason, MD, Scott A. LeMaire, MD,
Mary L. Brandt, MD, Joseph S. Coselli, MD, Steven A. Curley, MD, Kenneth L. Mattox, MD,
Joseph L. Mills, MD, David J. Sugarbaker, MD, David A. Berger, MD

^{*}Michael E. DeBakey Department of Surgery, Baylor College of Medicine, Houston, TX, USA

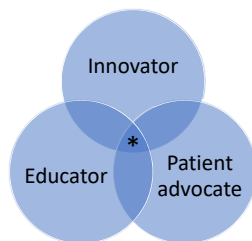
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Seven attributes of the archetypal academic surgeon:

1. **Identifies** complex clinical problems ignored or thought unsolvable
2. Becomes an **expert**
3. **Innovates** to advance treatment
4. **Observes** outcomes to further improve and innovate
5. **Disseminates** knowledge and expertise
6. **Asks** important questions to further improve care
7. **Trains** the next generation of surgeons and scientists

4

*The Academic Surgeon



5

But lots of pressure not to be one

- NIH funding to surgical department in decline
 - Overall NIH funding increasing
 - Less basic and translational research
1. Excessive clinical & revenue demands
 2. Challenging funding environment
 3. Insufficient protected time
 4. Excessive administrative duties

6

While many papers support the HOW few support the WHY

- Lots of 'roadmapping' and 'SMART' goal setting
- Mentorship & sponsorship
- But not much on **what** you want to achieve or **why**

7

The Why Is Deeply Personal

"I wanted to take the hardest, highest, most complex road to serve patients that I could find. I structured a detailed 60-year plan very early."

"My vision was based on the very sickest of complex patients, operate faster than peer surgeons, and have the best results, tabulate and destroy dogma. I wanted to find errors in clinical practice guidelines."

Dr. Ken Mattox

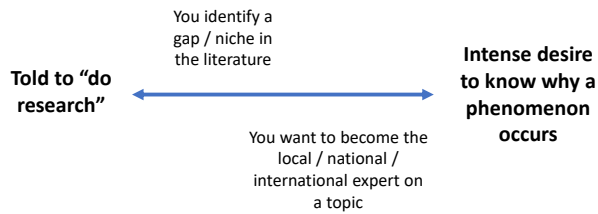
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Ask why & think outside of the box =
Different for everyone



9

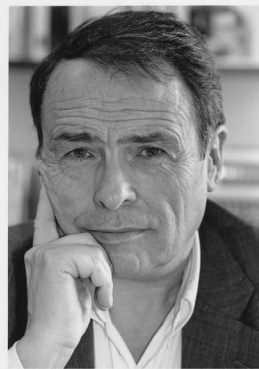
It's a spectrum



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Caution! Symbolic Capital

- Pierre Bourdieu
- French sociologist & philosopher
- Capital amassed by individuals recognized by elites as important
 - Research papers & grants
- Symbolic capital \propto elite status
- Likely not enough to sustain a research career given current day barriers



11

What are you trying to achieve?

- Observe & understand phenomena & their outcomes
 - Patient or population level
- Improve processes of care: Quality Improvement & Patient Safety
- Dis/prove a "political" perspective
 - Law enforcement violence
- Change society: academics as activists
 - You see a grave injustice

12

What is your goal?

- Individually?
- Collectively?
- Within institution?
- Outside institution?
- Unidisciplinary?
- Multidisciplinary?
- Transdisciplinary?

How does this fit into
your overall vision?

Or that of your
division, institution or
global network?

13

On What Level?

Micro

- Molecular or cellular level
- Animal Models
- Individual patients
- N = case series
- K23

Macro

- Multicenter, global trials
- Population health
- N = big data
- Multiple, large R01s
- H index

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Research may be...

Beneficial to
your career

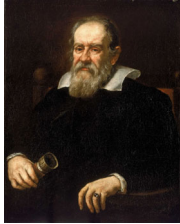


Harmful to
your career

Academic
freedom

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Research may also threaten your livelihood, safety or life



"I'm a scientist who has gotten death threats. I fear what may happen under Trump."

- Michael E. Mann, professor of atmospheric science and director of the Earth System Science Center at Penn State University, Washington Post, Dec. 16, 2016

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Brief Communication

The Prevalence of Psychological Morbidity in West Bank Palestinian Children

Tanya I. Zakrisson, MHSc, MD¹, Amira Shahan¹, Shaban Mortaja², Paul A Hamel, PhD³

Objective: To determine the prevalence of psychological morbidity among Palestinian children living in the southern Bethlehem District of the West Bank during July 2000.

Methods: We undertook a descriptive study using the Rutter A2 (parent) Scale to determine psychological morbidity. This questionnaire comprises 31 questions that were answered by a parent of the 206 subject children (ages 6 to 13 years). We selected subjects based on a multistage, randomized selection of 8 Palestinian villages and their households in the southern region of Bethlehem, West Bank. We used the Gaza Socioeconomic Adversity Questionnaire to determine differences in economic status among families.

Results: For all families interviewed, the father was employed, none were receiving financial assistance, and all but 1 owned their own house. The results of the Rutter A2 Scale revealed a rate of psychological morbidity ("caseness") of 42.3% among Palestinian children. The rate for boys was 46.3% and for girls, 37.8%.

Conclusions: The prevalence of psychological morbidity among Palestinian children in the West Bank was significantly higher (factor of 2; $\chi^2 = 23.26$, df 1, $P < 0.001$), relative to the level of psychological morbidity determined independently for children in Gaza during 2000. We predict that these rates will have increased substantially owing to the escalated violence that began in this region 2 months after we conducted our study. We further predict that children in Israeli settlements in the West Bank will also exhibit elevated levels of psychological morbidity, relative to their counterparts in Israel.

(*Can J Psychiatry* 2004;49:60-63)

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Research Letter ONLINE FIRST
September 12, 2018

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Postmortem Incidence of Acute Surgical- and Trauma-Associated Pathologic Conditions in Prison Inmates in Miami Dade County, Florida

Alexander Buukis, MD, MPH¹, Hahn See-Lin, MD, MS¹, Cecily Barber, MD, MPH¹, et al¹

> Author Affiliations
JAMA Surg. Published online September 12, 2018. doi:10.1001/jamasurg.2018.2443

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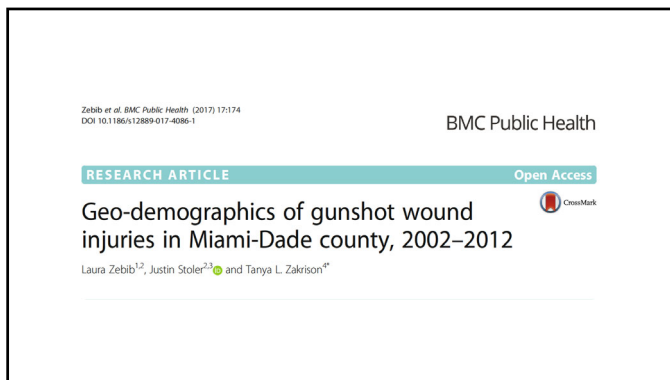
Trending Research
Effectiveness of Prophylactic Intraoperative Mesh Implantation for Prevention of Incisional Hernia
November 21, 2018

According to the Bureau of Justice Statistics, more than 2.2 million adults were incarcerated in the United States as of 2015,¹ representing 0.7% of the total population. The United States has the highest rate and number of incarcerated persons in the world.² To date, no national statistics on surgical outcomes have been reported for the actively incarcerated prison population in the United States, to

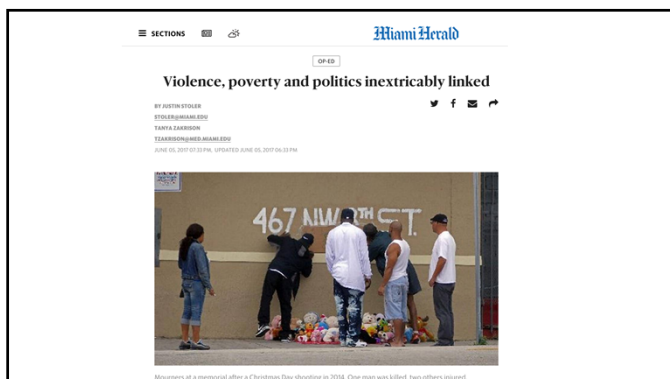
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Opinion

Hate and the Health of Populations

JAMES M. SHULTZ,* TANYA L. ZAKRISON,[†]
and SANDRO GALEA[‡]

**Center for Disaster & Extreme Event Preparedness, University of Miami
Miller School of Medicine; [†]Ryder Trauma Center, University of Miami
Miller School of Medicine; [‡]School of Public Health, Boston University*

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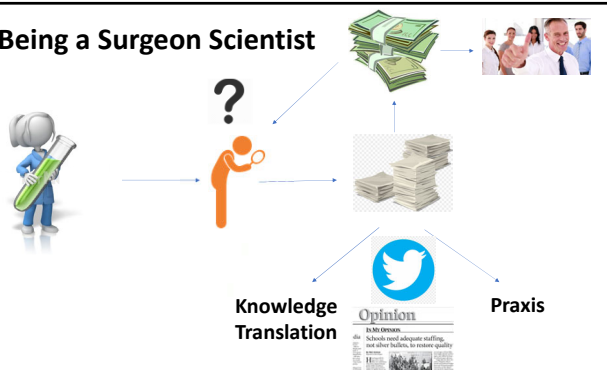
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Being a Surgeon Scientist



23

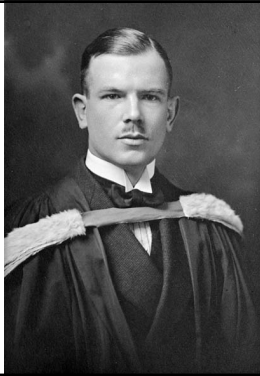
Being a Surgeon Scientist



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Norman Bethune – Canadian Thoracic Surgeon

- Born Gravenhurst, ON in 1890
- Graduated from U of Toronto, thoracic surgery
- Contracted TB, used PTX as treatment
- Developed new surgical tools still in use
 - Bethune rib shears
- Focused on treating the poor during the Great Depression
- Helped establish socialized medicine in Canada
- First mobile blood transfusion unit in Spain in 1936
- Died from sepsis at the age of 49 in China



25

Dr. Norman Bethune

“Medicine, as we are practicing it, is a luxury trade. We are selling bread at the price of jewels. ... Let us take the profit, the private economic profit, out of medicine, and purify our profession of rapacious individualism ... Let us say to the people not 'How much have you got?' but 'How best can we serve you?'”

1938

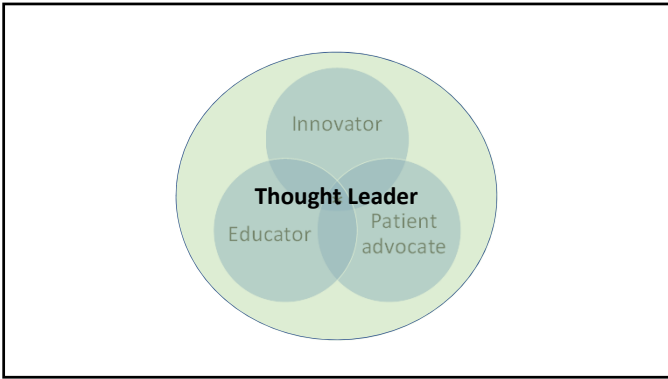
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Find your personal why

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Thank you

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