



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**



Understanding Local Hiring Practices

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



1



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?



4

Hiring your research staff



5

Consider Your Setting



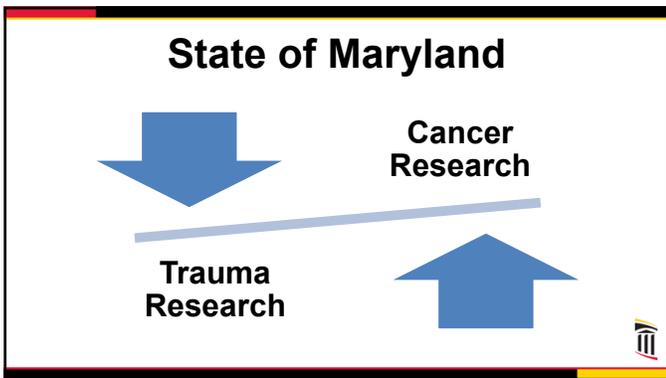
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FROM OUR SENIOR DIRECTOR OF RESEARCH

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




7



8

<p><u>Trauma Research</u></p> <ul style="list-style-type: none"> • <u>24/7</u> • Weekends & holidays • Approaching families immediately • Same pay 	<p><u>Cancer Research</u></p> <ul style="list-style-type: none"> • <u>Regular work schedule</u> • No weekends or holidays • Time for families to absorb diagnosis • Same pay on paper (in reality, there is more money)
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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

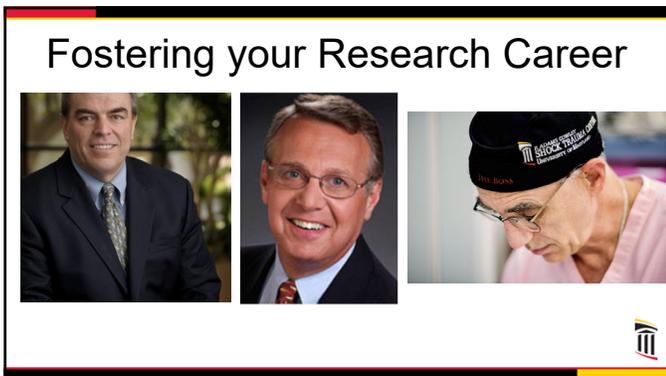
- Politics and interactions are not typical for your daily life
- Timeframes can be more “administrative”



15



16



17

- ### 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
- A small logo is in the bottom right corner.

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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 **UTSouthwestern**
Medical Center

1

Disclosures

- I have no financial disclosures

UTSouthwestern
Medical Center

2

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

UTSouthwestern
Medical Center

3

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

4

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

5

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

6

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



8

Qualitative Research

- "Soft Sciences"
- With On Job Training being restricted, more emphasis on
 - Education
 - Simulation training
 - Physician wellness

- Need mentor/training
 - Support from Department



9

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

1

Disclosures

- Commercial: None
- Salary support through NHLBI K08 HL131995

2

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

4

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
 - Resident -> Knowledge and Prestige

5

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 company 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



7

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



8

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



9

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?
- In cases, a 'motivational test' maybe warranted
 - E.g. Medical student seeking prestige/accomplishment
 - 1 page write-up of background literature
 - 1 page specific aims style research proposal

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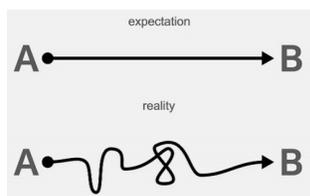
Matching motivation to reward: How can we help each other?

- 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

14

Setting expectations

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



15

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?

16

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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17




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



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Outline

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

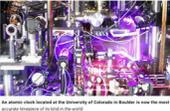
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Time is Limited



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

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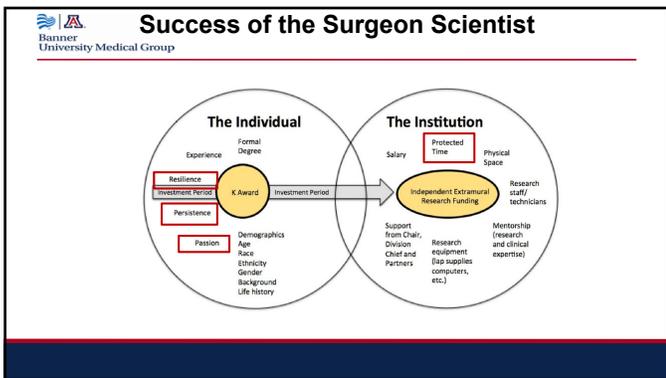
Presented at the Academic Surgical Congress 2016

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

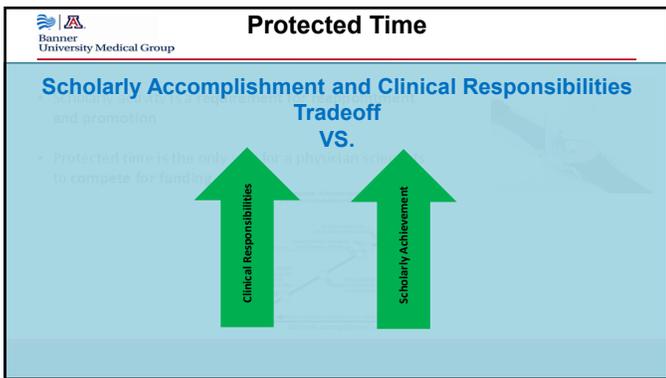
Lisa M. Kozlowski, MD, Manrova R. Kapadia, MD, MME, Navin R. Chagnani, MD, Scott Ballard Dunn, MD, Chantakarnh Aon, MD, MBA, Jacob A. Greenberg, MD, EdM, Rebecca M. Mason, MD, Timothy M. Pawlik, MD, MPH, PhD, and Ash H. Haider, MD, MPH, Boston, MA

Success = Individual + Institution

7



8



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...
No published evidence exists.



- **Caveats exist** →
 - 20% of 70 hours work is very different from 20% of 40 hours work
- 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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Protected Time: Implementation

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- Setting deadlines
- Research-related tasks become pressing
- Clear goals
- Communicating timelines
- "Externalizing" deadlines

- Structured writing retreats
- Saying no when you can
- Avoid office or work from home
- Create boundaries during the summer

- Public your commitments
- Clear expectations for your time
- Make research time visible
- Putting research time into calendars

- Online writing group
- Task management tool
- Research personnel
- Multitasking

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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:

15

Protected Time

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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

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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

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18



Managing Protected Time

efficiency

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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



2013

- 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**



One Size Does Not Fit All

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Prioritize

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- 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

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- 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

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- Stephen Covey's Time Management Matrix Explained**

	URGENT	NOT URGENT
IMPORTANT	Quadrant I: Urgent & Important	Quadrant II: Not Urgent & Important
NOT IMPORTANT	Quadrant III: Urgent & Not Important	Quadrant IV: Not Urgent & Not Important

 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

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- Saying "No"
- Delegating Tasks
- Start on Time
- Don't Procrastinate
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- 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

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- 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

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- Saying "No"
- Delegating Tasks
- Start on Time
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- 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

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- 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

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- 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

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- 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

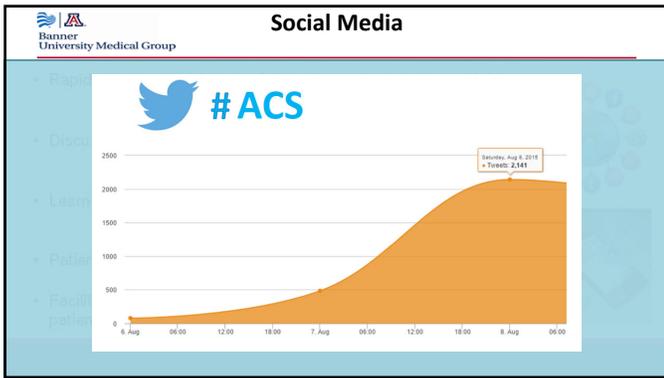
Time waster	Proposed solution
Telephone calls	Check messages and return calls 1-2 times per day*
Email	Check no more than 3-4 times per day* Disable auto alert messages for mail arrivals Develop a reliable and reproducible filing system for saved messages Regularly dispose of unwanted messages at first pass Accurately identify and discard junk mail
Physical interruptions	Close office door and respect as colleagues do the same
Paper	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
Repetitive activities	Automate (eg, develop patient education handouts) Create "quick text" for frequently used phrases in email or in electronic medical records
Disorganization	Delegate tasks that can be done by others Clean and organize the desk and office Organize paper, mail and electronic files for easier accessibility
Procrastination	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
Meetings	Arrive on time (change the culture of lack of punctuality) Bring alternative work if others are not punctual
Waiting	Perform quick and easy small tasks (tidal or administrative paperwork work)
Commuting	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



42

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**

43

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**

44

Mistakes I Made Early On

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

45

From Here to There

Banner University Medical Group

10 Years In the Making

National Mentors

Professional Societies

Research Fellows

Dr. Peter Rhee/UA Division of Trauma

46

Banner University Medical Group

- DARPA
- DOD
- NIH
- NIA
- INDUSTRY

47

TOP 10 Words of Wisdom

Banner University Medical Group

It's not work life balance but work life integration

Lab Output/Productivity

Administrative Duties

Clinical Demands

Protected Time/Resources

integration

work-life

48

 **WOW**

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



ESPT © 2011

49

 **WOW**

Define your goal and destination



50

 **WOW**

Reward the Team



51

WOW
Banner University Medical Group

**Make the people around you better
Help others succeed**




Offer Real Help

52

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Establish your pace




53

WOW
Banner University Medical Group

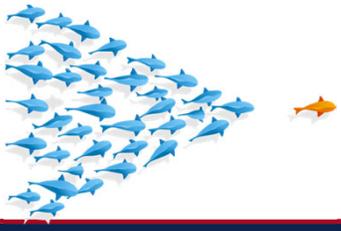
Be the first to come and the last to leave



54

 **WOW**

Lead by example



55

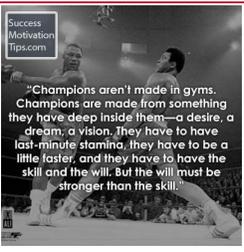
 **Final Thoughts**

- 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

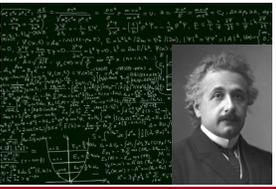
56

 **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



Running Effective Research Team Meetings



David R King, MD, FACS, LTC, US Army
Director, Fellowship Program in Trauma & Acute Care Surgery
Division of Trauma, Emergency Surgery, and Surgical Critical Care
Massachusetts General Hospital
Associate Professor of Surgery, Harvard Medical School

1

TIMING

- Morning meetings best for creativity
- Limit to 60 minute adult attention span
- Set agenda
- Manage time efficiently
- No competing interests

2

AGENDA

- 30 min: review new data
- 20 min: short term plan for week
- 10 min: long term lab strategy

3

PRINCIPLES

- Not all projects need table time
- Little PI efforts go long way (coffee!)
- Be respectful of everyone's time
- Abstract/presentation rehearsal
- Individualize mentorship off-line
- Know individual team member goals

4

PI GUIDANCE

- Always have eyes on 5 yr grant cycle
- Collaborate, then collaborate more
- Never say no, initially
- Then, build a focus and invest carefully
- Teach this to your research team

5

PUBLISHING

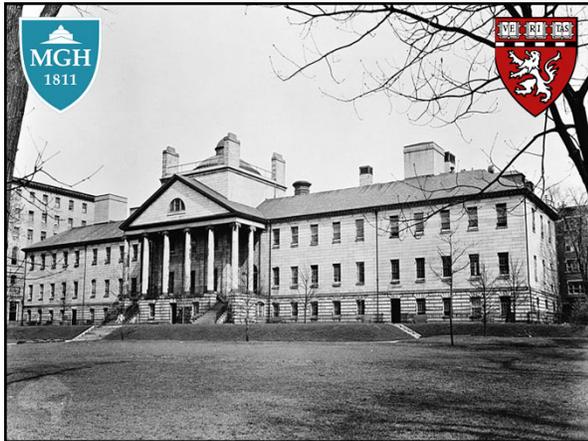
- Initially, publish everything, anywhere
- Inclusive authorship policy
- Build focus and target journals
- Publish with people smarter than you
- Shift from quantity to quality
- Teach this to your research team

6

TAKE HOME MESSAGE

If you want something done right and fast, give it to a busy person

7



8



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

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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1

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2

Negotiation

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 (Life Competencies for Growth and Success: A Trainer's Manual By Devendra Agochiya)

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3

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Your core missions as an academic surgeon

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5

Your core missions as an academic surgeon

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6

Your core missions as an academic surgeon

A Venn diagram with three overlapping circles. The top circle is black and labeled 'Patient care'. The bottom-left circle is grey and labeled 'Education'. The bottom-right circle is red and labeled 'Research'. The circles overlap in the center and at the intersections.

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Your core missions as an academic surgeon

A Venn diagram with three overlapping circles. The top circle is black and labeled 'Patient care'. The bottom-left circle is grey and labeled 'Education'. The bottom-right circle is red and labeled 'Research'. The circles overlap in the center and at the intersections.

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Urgent to-do items for your other roles often take precedence

COVEY'S TIME MANAGEMENT MATRIX

	Urgent	Not Urgent
Important	1	2
Not Important	3	4

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9

Getting time and resources to succeed



- Know your adversary
- Sell your 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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11

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

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What is health services research?

The sphere of population/public health research that focuses on the effects of the healthcare system on the population's health

- Real science
- Not a hobby done on nights and weekends
- Requires specialized expertise
 - Epidemiology
 - Survey research
 - Qualitative research
 - Geography
 - Implementation science
 - Community-based participatory research
 - Quasi-experimental design

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Clearly demonstrate that your research is not simply calculating the outcomes of your most recent case series but is developing a body of work for which you will be known as a leading surgeon scientist.

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System to support a surgeon scientist

- Support robust HSR methods
- Assure regulatory compliance
- Promote financial adherence

RESEARCH

- Research teams
- Defined research policies & procedures
- Continuous cycle of work
- Frequent critical feedback
- Close monitoring research benchmarks

GRANTS

- Promote grant submissions
- Track volume, scores, & awards
- Ensure adherence to funder requirements

DISSEMINATION

- Support scientific writing & manuscript submissions
- Track volume & impact factors
- Promote to policy-makers

Reciprocal mentorship

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What should you negotiate for?

- Mentors – who and are they committed
- Your research team –human Capital to assist in research execution and grantsmanship
- Start-up funds to support anything else you need for research
 - Databases
 - Ad hoc research services
 - Salary support for RAs
 - Small grant funds
 - Travel




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Mentorship

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




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Qualities of a Good Mentor

- Motivate
- Empower and Encourage
- Nurture Self-Confidence
- Teach By Example
- Offer Wise Counsel
- Raise Performance Bar
- Shine in the Reflected Light



Dr. Tom Russell 2007
ACS CC Abcarian Lecture

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18

Impact of Mentorship

- 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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19

Research teams

- Project coordinators
 - High-level research admin support
 - Regulatory/compliance
 - Submissions
 - Literature reviews
 - Outlines
 - Copy-editing
- Data analysts
 - Manage databases
 - Plan and write statistical analysis plan
 - Perform analyses
 - Assisting in interpretation and visualization




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Protected Time



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Why is negotiating protected time in academic surgery adversarial?



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Why is negotiating protected time in academic surgery adversarial?

The currency of our work is wRVUs



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23

Why is negotiating protected time in academic surgery adversarial?

Our learners are always present



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24

Why is negotiating protected time in academic surgery adversarial?

The veracity of our research is questioned



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25

Why is negotiating protected time in academic surgery adversarial?

Defining 1.0 FTE in our specialty is complicated

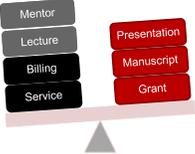


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The danger if you don't negotiate protected time...



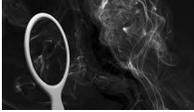
Something will always trump the research

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How much time do you really need?



- Percentages are typically 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 you will need
 - Budget justification

SMART Goal Setting in 5 Easy Steps		
Step	Mnemonic	Description
1	S pecific	Exactly what it is you want to achieve in your business and to what extent? A good objective statement or goal should answer the question: "which, what, 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 unrealistic 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" do you want to achieve your result?

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

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30

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?



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Make it obvious that your success will raise the tide for all boats.

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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).

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Wisdom for aspiring surgeon-scientists

- Let the world around you inspire your work
 - Your communities
 - Your patients
 - Your health system
- Cultivate mixed methods around a subject area in need of illumination
- Link results from method to method
- Seek opportunities for collaboration
- Leverage mutually beneficial skills/interests
- Build a mentorship team near & far

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Fiercely protect your protected time

- Your research is urgent & important even when there is not a deadline
- Don't use it as a cheat day
- Set aside blocks of time to write
- Limit meetings to those directly related to research goals
- Use it for necessary training & education in methods

Important
Not Important

COVEY'S TIME MANAGEMENT MATRIX	
Urgent	Not Urgent
1	2
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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What do I need from a program to be successful & how do I negotiate it?

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Step 1

- Answer the following questions:
 - How do you define your research?
 - How do 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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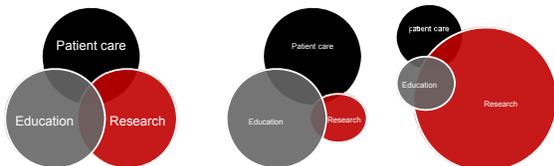
Shared attributes of research

- 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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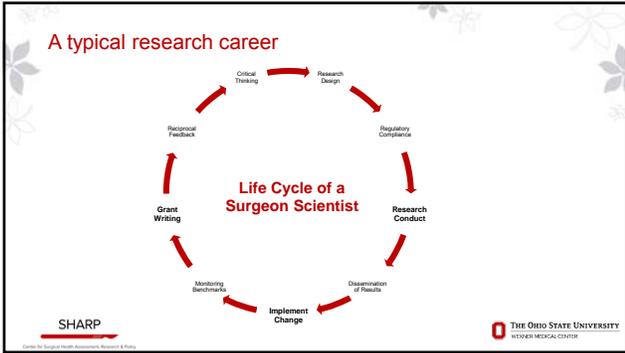
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Q2: How do you envision your research career?



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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

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- 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

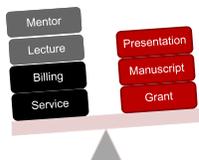


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Time to think/do research



COVEY'S TIME MANAGEMENT MATRIX

	Urgent	Not Urgent
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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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Why is negotiating protected time in academic surgery adversarial?

Research

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The currency of our work is wRVUs



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Our learners are always present



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Why is negotiating protected time in academic surgery adversarial?

People who are not scientists don't understand



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Why is negotiating protected time in academic surgery adversarial?

Defining 1.0 FTE in our specialty is complicated



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

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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.

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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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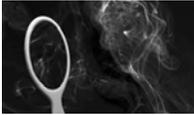
Protected Time



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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 you will need
 - Budget justification

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 "which, what, 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 & R elevant	The objective should be challenging but realistic and also relevant to your business. Objectives may appear optimistic initially, but as you identify 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 seek to achieve your result!

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

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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/reshaines123/>

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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).

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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

	Urgent	Not Urgent
Important	1	2
Not Important	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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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

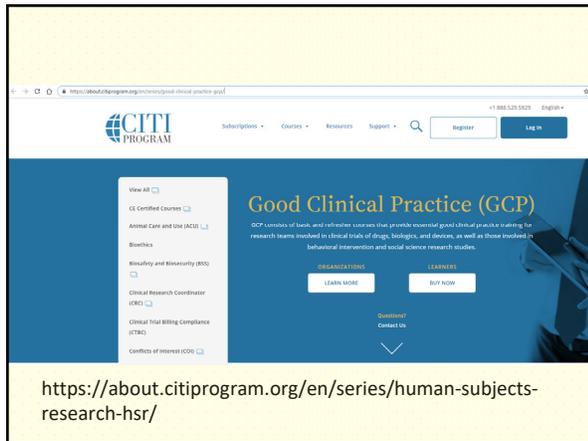
- ▶ Assess their motivation
 - ▶ Don't waste your precious time!
 - ▶ A significant proportion will not have the "grit" to pass the first test
 - ▶ How to separate the wheat from the chaff?

3



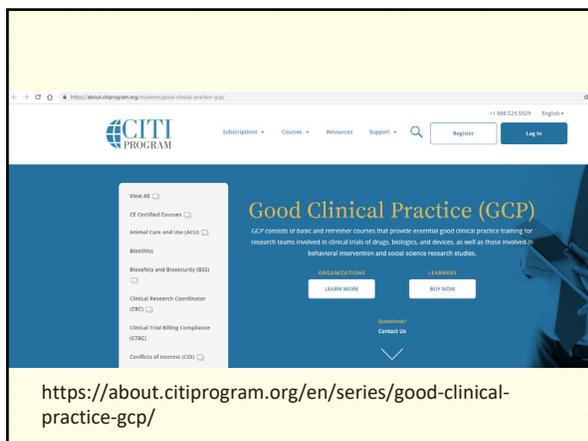
<https://about.citiprogram.org/en/homepage/>

4



<https://about.citiprogram.org/en/series/human-subjects-research-hsr/>

5



<https://about.citiprogram.org/en/series/good-clinical-practice-gcp/>

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?

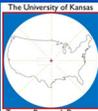
- Poor performance
 - Data entry issues



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



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



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

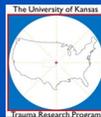
- Fire the research program manager on the spot.
- Fire the research assistant for poor performance.
- Fire both the research program manager and the assistant.
- Suspend the research program manager while awaiting word from human resources regarding their assessment of the situation.



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.

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

From, "A step-by-step guide to firing someone" by Dick Grote, available at:




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

The American Journal of Surgery 214 (2017) 165–179

Contents lists available at ScienceDirect



The American Journal of Surgery
journal homepage: www.americanjournalofsurgery.com



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

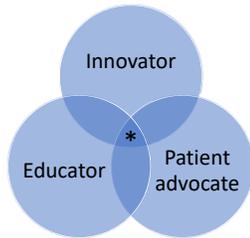
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Seven attributes of the archetypal academic surgeon:

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."

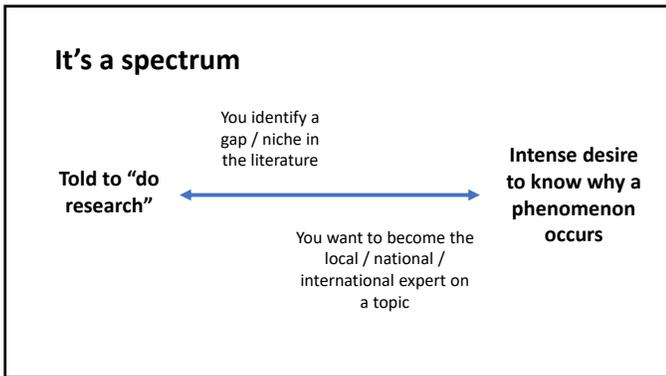
Dr. Ken Mattox

8

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



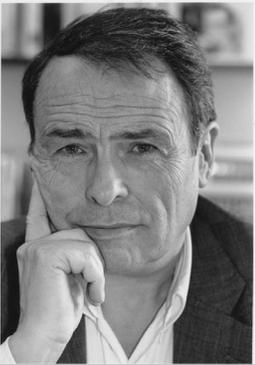
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10

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?

How does this fit into your overall vision?

- Within institution?
- Outside institution?

Or that of your division, institution or global network?

- Unidisciplinary?
- Multidisciplinary?
- Transdisciplinary?

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

14

Research may be...

Beneficial to your career ← **Academic freedom** → **Harmful to your career**

15

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

16

Brief Communication

The Prevalence of Psychological Morbidity in West Bank Palestinian Children

Tanya L Zakrisson, MHSc, MD¹, Amira Shaken¹, 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 46.7% 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.

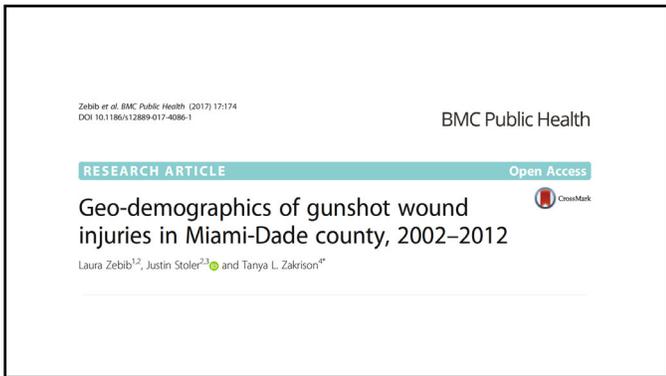
(*Can J Psychiatry* 2004;49:60-63)

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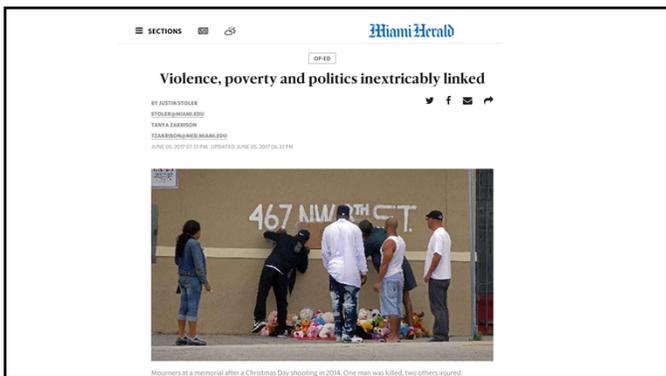
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21

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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Being a Surgeon Scientist



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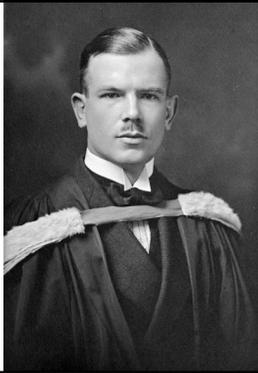
Being a Surgeon Scientist



24

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

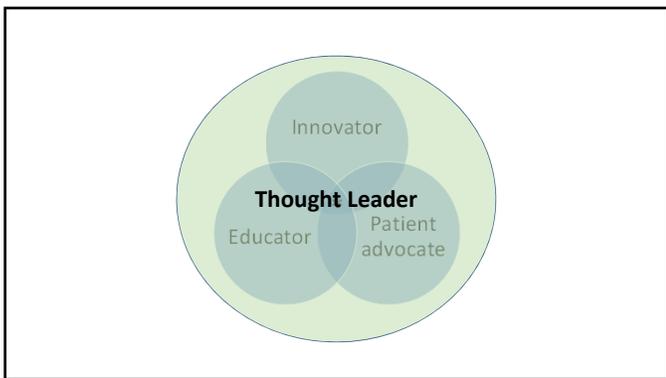
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29



30

Find your personal why

31

Thank you

tzakrison@icloud.com

@tzakrison

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