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
Are you hiring your research staff?

Are you looking to get hired?

Hiring your research staff

Consider Your Setting
FROM OUR SENIOR DIRECTOR OF RESEARCH

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

State of Maryland

Trauma Research

Cancer Research

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)
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Cancer Research
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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

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

LESSONS I’VE RECENTLY LEARNED

• Politics and interactions are not typical for your daily life
• Timeframes can be more “administrative”
**Local Hiring Practices in Getting your Job**

- University
- Community
- Private Practice

**Fostering your Research Career**

**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
MORE TRAINING

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

If possible, do it early and get it paid for

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?
MOST ACADEMIC CENTERS VALUE RESEARCH

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

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?

These future Longhorns encourage you to enjoy Austin.
Jumpstarting Your Research Career
What is my area of focus going to be?

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

Disclosures
- I have no financial disclosures

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
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 it?
  - Study what's around you and make it yours

- Your AREA of focus can be broad
  - Find various specifics under the area of interest

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

Outcomes

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

**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 a 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

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

Funding

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

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.
**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

**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!
Why talk about compensation/rewards?

- Few people are motivated by true altruism
- 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!!
Major points covered

• Types of Compensation/Rewards
• Matching motivation to reward
• Setting expectations

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

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”
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

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

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
Be able to provide concrete examples, references

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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

**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
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

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 deliverables meet the requirements of the project?
  • If both parties agree that there would be mutual benefit, then it’s time to talk about deliverables

Setting expectations

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

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
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

Disclosures

- Commercial: None
- Salary support through NHLBI K08 HL131995

Why talk about compensation/rewards?

- Few people are motivated by true altruism
- Effort needs to be rewarded in order to be sustained
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  - Rewards must be:
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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

Outline

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

Time is Limited
Many Things to Do

Academic Surgeon

Ok, start collecting patients and write the introduction section of the manuscript. I'll meet you in an hour!

Sir, IRB approved the study proposal.

Successful academic surgeons make it seem as if they have endless time...
Success of the Surgeon Scientist

Presented at the Academic Surgical Congress 2016

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

Success = Individual + Institution

Protected Time

Scholarly Accomplishment and Clinical Responsibilities Tradeoff

VS.
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

- But how much protected time is enough?
- No published evidence exists
  - Historically → 80:20 rule
    - NIH awards require commitment of 70% to 80%
    - Most experienced research leaders agree → 70% to 80%
  - 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

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

"The trouble is, you think you have time."

I DON'T KNOW WHAT TO DO
Protected Time: Implementation

- Structured writing retreats
- Saying no when you can
- Avoid office or work from home
- Create boundaries during the summer
- Online writing group
- Task management tool
- Research personnel
- Multitasking

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

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

- Escape
- Accountability
- Efficiency
- Visibility

Academic Faculty Position

- 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

Walking Into:

Asking For:
Protected Time

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

Your Goals in the Overall Scheme of Things

- 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
Managing Protected Time

Time Management

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

• 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

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
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

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

Manageable Realistic To-Do Lists

• Stephen Covey’s Time Management Matrix Explained
  • The time management matrix is separated into four quadrants that are organized by importance and urgency
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

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

Time Management Pearls

- Saying “No”
- Delegating Tasks
- Start on Time
- Don’t Procrastinate
- Multitasking
- Plan Ahead
**Time Management Pearls**

- **Saying “No”**
  - 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

- **Delegating Tasks**
  - 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

- **Start on Time**
  - 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

- **Don’t Procrastinate**

- **Multitasking**

- **Plan Ahead**

---

**Delegating Tasks**

- Start on Time
- Don’t Procrastinate
- Multitasking
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Time Management Pearls

- Procrastination is a conscience decision 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.

Saying “No”

- Procrastination is a conscience decision made by the physician because of lack of interest or understanding.
- Usually outside the realm of patient care.
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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.

Multitasking

- 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.
Time Management Pearls

- 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

Saying “No”
Delegating Tasks
Start on Time
Don’t Procrastinate
Multitasking
Plan Ahead

Minimizing Time Wasters

Social Media

- Double edged sword
- Can waste time or save time (if used wisely)
Social Media

- Rapid access to the latest evidence-based research worldwide
- Discussions occurring across borders & Journal Clubs
- Learning from others' experiences
- Patient recruitment into studies
- Facilitate surgeons' interactions, enhance research, and improve patient outcomes

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"

Efficient Research Infrastructure

- **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)
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.

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

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
Teamwork

- 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

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

Mistakes I Made Early On

- Didn’t set my goals right
- Missed out on NIH K awards
- Didn’t establish my pace
From Here to There

10 Years in the Making

Dr. Peter Rhee/UA Division of Trauma

• DARPA
• DOD
• NIH
• NIA
• INDUSTRY

TOP 10 Words of Wisdom

It’s not work life balance but work life integration
Believing that you are going to have protected time all the time is not realistic.

Define your goal and destination.

Reward the Team.
WOW

Make the people around you better
Help others succeed

Offer Real Help

WOW

Establish your pace

WOW

Be the first to come and the last to leave

First to work, Last to leave.
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

Self Control Instead of Time Control

Champions aren’t made in gyms. Champions are made from something they already had within them, a desire, a vision, a dream, a fraction of a群众. They have to have that inner desire. They have to be a little crazy. They have to believe that the dream is possible for them. But they will not win the race. But they will not win the race. But they will win the war. They will win the war.
Thank You!

@TopKnife_B

bjoeph@surgery.arizona.edu
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

TIMING

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

AGENDA

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

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

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
TAKE HOME MESSAGE

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

• Nothing to disclose

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
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

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

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
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

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.

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
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
  • I.e. geriatric, quality, palliative care
• Can you be cross appointed in that Department, School, University…

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”

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
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.

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.

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
  - Ie: mentoring one of your colleagues’ mentees
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

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

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
• 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
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
Assistant Professor of Surgery
Director, Center for Surgical Health Assessment, Research & Policy
Ohio State Wexner Medical Center

Content not supported by my funders

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

Negotiation

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)
**Negotiation**

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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**Your core missions as an academic surgeon**

- Patient care
- Research
- Education
Your core missions as an academic surgeon

- Patient care
- Research
- Education

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

 Covey's Time Management Matrix

<table>
<thead>
<tr>
<th>Quadrant</th>
<th>Urgent</th>
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<tbody>
<tr>
<td>Maximized</td>
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Getting time and resources to succeed

- Know your adversary
- Sell your research
- Establish your goals
- Exemplify mutual benefits
- Define protected time ($$$)

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

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

Public Health
Science of promoting wise health choices and preventing the dissemination of disease

Population Health
Science of collectively studying individual health outcomes across various settings

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.

System to support a surgeon scientist

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

RESEARCH
- Support, value, and mentor
- Ensure regulatory compliance
- Promote clinical adherence

GRANTS
- Track clinical outcomes
- Ensure adherence to funding requirements

DISSEMINATION
- Support timely, ongoing & robust
- Track volume & impact
- Promote to policy
- Promote to policy leaders
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

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."

Dr. Tom Russell 2007
ACS CC Alcacer Lecture

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
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)

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

Protected Time
Why is negotiating protected time in academic surgery adversarial?

The currency of our work is wRVUs

Our learners are always present
Why is negotiating protected time in academic surgery adversarial?

The veracity of our research is questioned

Defining 1.0 FTE in our specialty is complicated

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

Something will always trump the research
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

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

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

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

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).
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

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

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

Step 1
- Answer the following questions:
  1. How do you define your research?
  2. How do you envision your research career?
  3. What resources do you need to succeed?

Content not supported by my funders

I receive a consulting fee from Johnson & Johnson for serving on a fragility fracture advisory board
Q1: How do you define your research?

- Health Services Research
- Clinical Translational Research
- Basic Science Research

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

Q2: How to you envision your research career?
A typical research career

Q3: What resources do you need?

- Time
- Your Research Team
- Mentors
- Skills/Degree

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
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.”


• Earlier promotion (Wise 2004; Aagaard 2003; Leppert 2002)
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Research team

- Project Coordinator/Lab Tech
  - High-level research admin support
  - Regulatory/Compliance
  - Submission/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

Time to think/do research

Covey’s Time Management Matrix

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A method by which people settle differences. It is a process by which compromise or agreement is reached while avoiding argument and dispute.

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Why is negotiating protected time in academic surgery adversarial?

Research
Why is negotiating protected time in academic surgery adversarial?

The currency of our work is wRVUs.

Why is negotiating protected time in academic surgery adversarial?

Our learners are always present.

Why is negotiating protected time in academic surgery adversarial?

People who are not scientists don't understand.
Why is negotiating protected time in academic surgery adversarial?

Defining 1.0 FTE in our specialty is complicated

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 ($$$$

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

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.

**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
Protected Time

How much time to do you really need?

- Percentages are smoke and mirrors
  - Specify time in weeks/days/months
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  - 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?

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
Exchange Ideas

Meet Regularly
Study

Write

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

Protected time is your life vest

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- 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.
Utilizing Unpaid Volunteers

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

Before They Volunteer

- Assess their motivation
- Understand their motives
- Understand their capabilities

While They’re Volunteering

- Data verification
- Weekly reports

After Volunteering

- “Exit” interview

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?
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

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

While They’re Volunteering

- Weekly reports
  - Very helpful to stay organized and track their progress
After They Volunteer

- Exit interview
  - How was the experience?
  - How can we improve it for the next volunteer?

For the excellent volunteers:
  - Make a list and set a reminder to check in with them once a year to see how they're doing

Before They Volunteer

- Assess their motivation
- Understand their motives
- Understand their capabilities

While They're Volunteering

- Data verification
- Weekly reports

After Volunteering

- “Exit” interview
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

Disclosures

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

What do you do?

Scenario #1
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.

What issues are in play in this scenario?
What issues are in play in this scenario?

- Poor performance
  - Data entry issues
- 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
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?

Courses of action

- Fire the research assistant on the spot.
Courses of action

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

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.

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.
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

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

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
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.

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.

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
What do you do?

Scenario #2

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.

What issues are in play in this scenario?

• Poor performance/Failure to fulfill essential job duties
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

Courses of action
Courses of action

• Fire the research program manager on the spot.

Courses of action

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

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.
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.

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.
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.

• 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.

If you have to fire an employee...
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).

What am I trying to achieve?  
And why?  

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

Sir William Osler

The Academic Physician:

1. Researcher  
2. Clinician  
3. Teacher  

AKA the “triple threat”
### 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

---

### 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

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### The Academic Surgeon

- Innovator  
- Educator  
- Patient advocate
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

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

Ask why & think outside of the box = Different for everyone
It’s a spectrum

Told to “do research”

You identify a gap / niche in the literature

Intense desire to know why a phenomenon occurs

You want to become the local / national / international expert on a topic

Caution! Symbolic Capital

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

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
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?

On What Level?

Micro
• Molecular or cellular level
• Animal Models
• Individual patients
• N = case series
• K23
• Multicenter, global trials
• Population health
• N = big data
• Multiple, large R01s
• H index

Macro

Research may be...

Beneficial to your career

Harmful to your career

Academic freedom
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
Lack of surgical care in U.S. prisons may cost lives

Geo-demographics of gunshot wound injuries in Miami-Dade county, 2002–2012

Violence, poverty and politics inextricably linked
Opinion

Hate and the Health of Populations

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Miller School of Medicine; ‡School of Public Health, Boston University

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Being a Surgeon Scientist

Knowledge

Translation

Praxis

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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

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
Find your personal why

Thank you

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