



**Eastern Association for the Surgery of Trauma**

Advancing Science, Fostering Relationships, and Building Careers

**Bridging the Gap: A Chief Residents & Fellows Workshop**

**January 14, 2020**

**Loews Sapphire Falls Resort**

**Orlando, Florida**

## Bridging the Gap: A Chief Residents & Fellows Workshop

TUESDAY, JANUARY 14, 2020

1:00 PM-5:15 PM

*Presented by the EAST Career Development Committee*

**Target Audience:** The audience is anyone soon pursuing or recently acquired a position in trauma and acute care surgery in both academic and private practice settings. This ranges from chief residents to fellows to new faculty.

**Needs Statement:** While most fellowships teach patient care and operative management, there are variable resources for transition to practice.

**Overview:** National trauma leaders will cover a wide range of topics needed to find a job as an acute care and trauma surgeon and excel in that job through career development. A vast overview of what will make an early career trauma surgeon happy, healthy and successful in a lifelong career will be the focus of this interactive session.

### Learner Objectives:

At the conclusion of the workshop, the participant should be better able to

1. Identify elements that lead to success in your job.
2. Explore strategies to plan for the future.
3. Create a plan for healthy and happy living.

**Workshop Director:** Salina Wydo, MD

**Course Size:** 45

**Course Price:** \$0 for Chief Residents & Fellows who have registered for the Primary Scientific Meeting  
\$375 all others

### SCHEDULE:

1:00 pm-1:15 pm

Introduction – Salina Wydo, MD

1:15 pm-1:45 pm

Living Life – Jennifer Hartwell, MD

1:45 pm-2:15 pm

Finding the Right Job –  
Bryce Robinson, MD, MS

2:15 pm-3:00 pm

Group Breakout Session – Find the Right  
Job versus Special Interest Development

3:00 pm-3:15 pm

Break

3:15 pm-3:45 pm

Getting Off on the Right Foot –  
Oscar Guillamondegui, MD, MPH

3:45 pm-4:15 pm

Address Inequity in the Trauma Workforce:  
Strategies to Decrease Disparities –  
Tanya Zakrisson, MD, MPH

4:15 pm-5:00 pm

Speaker Panel Q & A

5:00 pm-5:15 pm


Wrap-Up – Salina Wydo, MD

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

Life

Jennifer L. Hartwell, MD

Associate Dean of Wellness, Chief Wellness Officer  
Assistant Professor of Surgery  
Associate Trauma Medical Director  
Medical Director of Nutrition



Department of Surgery  
Indiana University School of Medicine

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Disclosures

- none

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Life

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

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### Timeline

- 1998: Married  
Scott in Army, Jen teaching school
- 2000: Jack born (Hopkinsville, KY)
- 2001: Started Med School (Dayton, OH)
- 2002: Allie born
- 2005: Started Surgical Residency (Chicago)
- 2007: Ben born
- 2009: Sam born
- 2010: Started Fellowship (Memphis)

- \*Family stayed in Chicago
- 2011: 1<sup>st</sup> Attending Job (Columbus, OH)
- 2016: Moved to Indiana University (Indianapolis, IN)
  - Jen: March
  - \*Family: June

\*reserve for emergencies, damn near killed us

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### Timing...

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

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## The Obstacles to Everything...

- Time
- Money
- Sleep

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## Our Family Rhythm

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

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## Finances

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

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## Build a Team

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



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## Say “No”

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

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## Say “Yes”

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



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### Pro Tips

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


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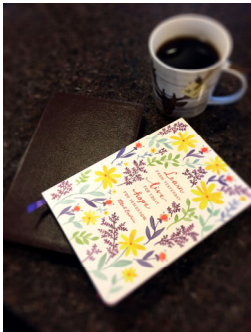
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### Daily Spiritual Practice




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### Stay at Home Date


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## Always Make Your Scene Partner Look Good



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## Always Be Planning Your Next Trip



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## Crowd Sourcing

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

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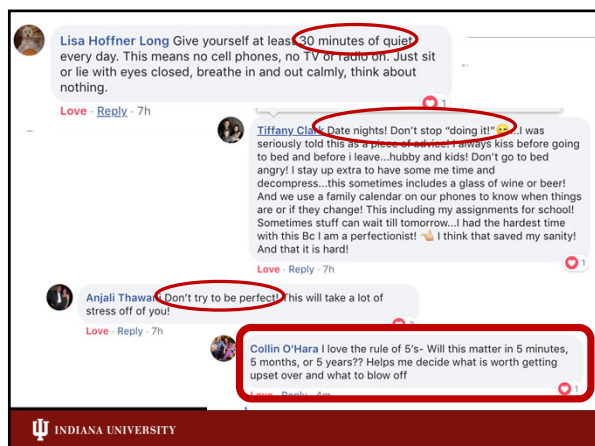
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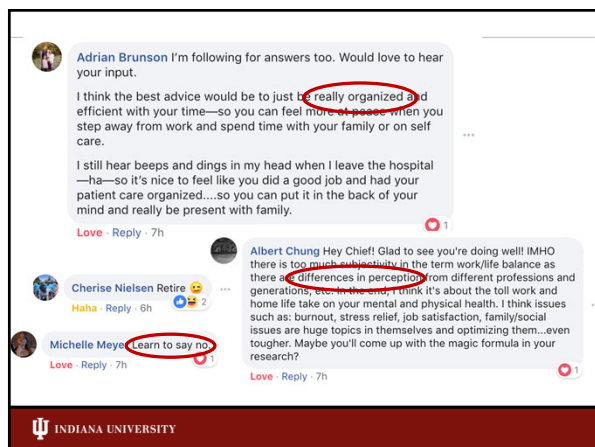
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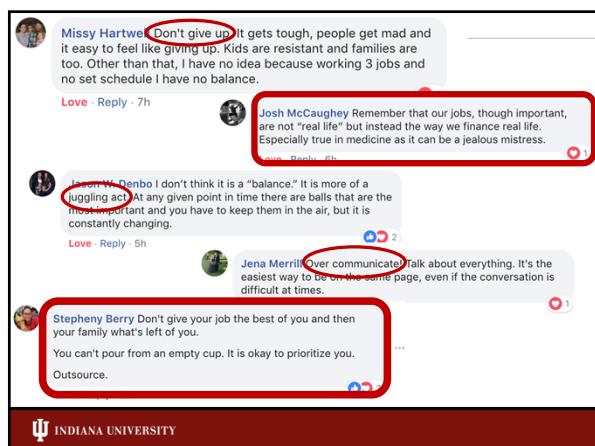
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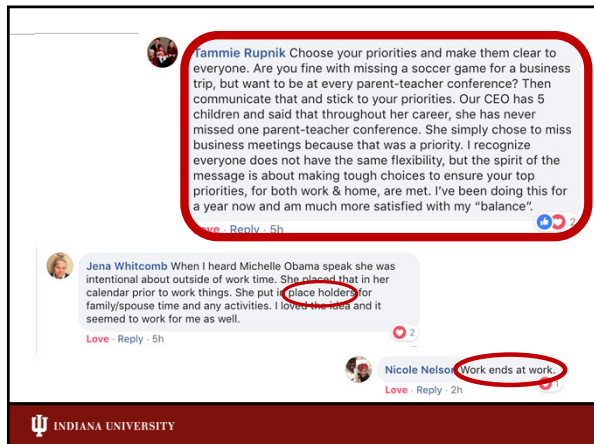
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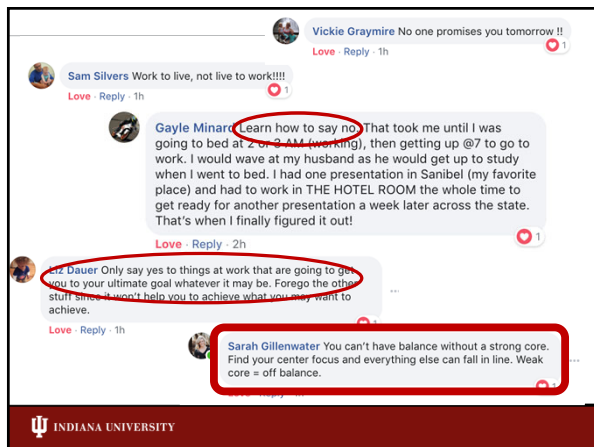
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**Katie Hamlin** In no particular order:
 

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

Love · Reply · 3h
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### Heard over and over...

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


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### Summary

- Stay positive—much evidence for hope, *perspective*
- Engage in efforts to positively change the system
- Accept the joy of the journey, there is no final destination
- Own my part, then join the *team*
- Feeling valued and important is crucial
- No one has all the answers
- You are not alone




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## Summary

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

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# FINDING THE RIGHT JOB

**Bryce Robinson, MD, MS, FACS, FCCM**  
Associate Professor of Surgery  
Associate Medical Director of Critical Care  
Associate Program Director of the Surgical Critical Care Fellowship  
Harborview Medical Center  
University of Washington School of Medicine

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## DISCLOSURE

> **None**

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## OBJECTIVES

1. Understand the need for self reflection and honesty
2. To review the structure of the recruitment process (5 phases)
3. Introduce the idea of the “worklife model” and how it is linked burnout
4. To convince you that the least important factor is the money

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## WHAT DO YOU WANT TO BE...

### > What do you want to look like at 5, 20 years into practice?

- What “type” of surgeon do you want to be?
  - > Academic
  - > Hospital employed
  - > Private practice-group
  - > Private practice-solo
- What would the ideal week/month look like

### > Be prepared that it is going to change

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FACULTY  
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PROGRAM

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## BE HONEST

### > Be honest to yourself

- Most outside voices are distractions
- Are you a builder or a tuner?

### > Be honest to those that matter

- The Robinsons, Benihana, and our WRITTEN 5-year plans



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## BE HONEST AND WRITE IT DOWN

### > And share it to those that matter

- Must haves (no compromise)
- Would like to haves
- Ideal but not necessary
- What are your “walk-aways”?



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## PLAN AHEAD

- > **From start to finish, the process can take 6-8 months**
  - Emails, visits, negotiations, credentialing, boards, pesky state medical licenses, moving
    - > Get in line with the rest of the MD pack...
- > **During the hunt have ready:**
  - Cover letter
  - Updated, reviewed CV
  - List of references (omissions can draw concern)

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## THE "RISKY" RESEARCHER

- > **If you want research time (% of FTE), you will need a strong plan to present**
  - Early-career researchers often lose money for DoS
  - A "specific aims" page with a plan for independent funding goes a long way
  - Knowing the mentors in the field is essential
    - > All about the "K committee"



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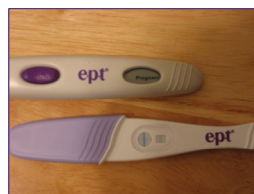
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## WHERE TO LOOK

- > **Restrictions**
  - Personal reasons
  - Research Groups / Mentorship / Program of Interest
  - "Dual-recruitments"
- > **No-Restrictions**
  - Focus on the best job possible
  - Don't get distracted by regional myths



March 13, 2006

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## YOU DON'T OWE ANYTHING TO ANYONE

- > Residents (and Fellows) are often asked to commit to a position prior to interviewing at other institutions
- > Blurring of the lines between a superior and a potential, future partner

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## YOU DON'T OWE ANYTHING TO ANYONE

- > Places undo pressure on the trainee and an unfair negotiation advantage to the recruiter (your current superior)
  - Will you really be seen and treated as an equal if the employment starts out this way?
- > DON'T SIGN ANYTHING before you complete the evaluation process

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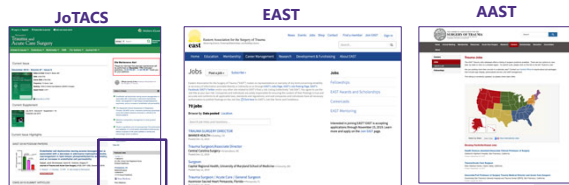
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## WHERE TO LOOK

- > Make a list and share it with your mentorship team and those who matter



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## WHERE TO LOOK

- > Many jobs are not posted
- > Chiefs of Service at your home institution often get requests or is "in the know" open positions
  - Ask if he/she has any recommendations
- > If you have "restrictions" it is perfectly normal to inquire or "cold call" an institution
  - The real struggle is to get your info in front of the right person (e.g. talk to your Service Chief)

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## PHASES OF THE RECRUITMENT PROCESS

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## A COMMON RECRUITMENT PROCESS

- > Phase 1: The Feeler
- > Phase 2: Visit #1 (Do they like you?)
- > Phase 3: Visit #2 (Do you [really] like them?)
- > Phase 4: The (Brief) Negotiation
- > Phase 5: Onboarding

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## PHASE 1: THE FEELER

- > **Most job interactions start with a phone call**
  - Some may be asked to perform a video interview (Skype)
    - > Tricks exist for effective web interviews
  - Basic description of the position, location, and of yourself
- > **The “Meet Up” at the national meeting**
  - Coffee, dinner, etc
  - This is a professional interaction
    - > Put your phones/distractions away

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## PHASE 2: VISIT #1 (DO THEY LIKE YOU?)

- > **Usually you alone (so no S.O.s)**
- > **The real purpose is to see if the Dept likes you, is this a fit (for them)**
- > **Long day of interviews**
  - Get the itinerary prior to the visit
  - Be rested and ready go



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## PHASE 2: VISIT #1 (DO THEY LIKE YOU?)

- > **Interviews should include:**
  - Althe partners
  - The Chair and the Division Head
  - Key personal in the Dept or programmatic leaders with your interests
- > **Dinner with faculty**
- > **Expect no financial discussions**



*"Manners and Restraint"*

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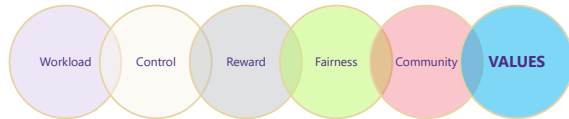
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## IN THE BACK OF YOUR MIND....

- > During the interview process, understand where failure may come from
- > Areas of a "worklife" vs. burnout



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Leiter, M. P. & Maslach, C. Six areas of worklife: a model of the organizational context of burnout. *J. Health Hum. Serv. Adm.* 21, 472-489 (1999).

LEADERVIEW  
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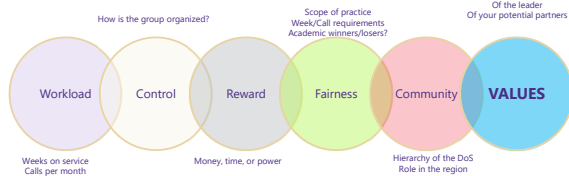
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## SO WHY DO PEOPLE / JOBS FAIL?

- > Areas of a "worklife" vs. burnout



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Leiter, M. P. & Maslach, C. Six areas of worklife: a model of the organizational context of burnout. *J. Health Hum. Serv. Adm.* 21, 472-489 (1999).

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## VALUES: ITS ALL ABOUT THE PEOPLE

- > **VALUES (not reputation) of the team are the WALK AWAY!**
  - Values of your leader, of his/her leader
  - Values of your partners (ask others)
- > Partners = FAMILY
  - Over 12 years, faculty with:
    - > Military deployments = 7
    - > Extended illnesses = 2
    - > Family member with extended illnesses = 3
    - > Births = 5
    - > Divorce = 3
    - > House fire = 1
    - > Chair of the COT = 1
    - > President of the ACS = 1



Eileen Bulger



Carlos Pellegrini



Ron Maier



Joseph Cuschiari

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## VALUES: ITS ALL ABOUT THE PEOPLE

- > **The (silly) fear of faculty inbreeding**
  - It occurs everywhere (who wants to move, again?)
  - It may be a good sign as they don't want to leave or they come back to something great
- > **Balance of faculty ranks?**
- > **Culture of mentorship without competition?**
- > **Know the comings and goings of faculty**
  - Stalk the internet, ask others, reach out to those who left!

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## WORKLOAD

- > **The workload expectation should be clearly defined early in the process**
  - % FTE (clinical, administrative, research)
  - Weeks on service
  - Work accomplished (relative value units [RVUs])
  - Day call, night call, weekend call
  - Is the workload anticipated to change?

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## CONTROL

- > **How is the organization structured?**
  - Relationship of your direct superior to theirs, to theirs
  - Where are the pressure points (access, funding)?
  - Is your happiness sustainable?
- > **What is under your control (scheduling) and what is not (EMR, referral patterns)?**
- > **What's the transparency of the organization, of the leader (information is control...)?**

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## REWARD

- > This is **not the priority** but most get lost in this single component
- > Fair is in the eye of the beholder
- > "All that glitters is not gold..."
  - The market sets the value and the need
- > "The grass is always greener on the other side of the fence..."



My neighbors fence and "green" grass

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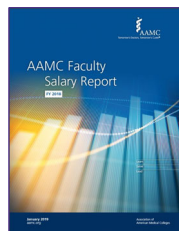
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## REWARD

- > We all want to feel valued
- > Important to understand the **entire package**
  - Retirement, tuition remissions, development packages, call money
- > What motivates people per BR
  - Money
  - Power
  - Time (away)



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## FAIRNESS

- > What is the "equality" over the group? The DoS?
  - Are there "the haves and have nots"?
    - > Salary, academic opportunity, departmental resources
- > Equal opportunity for service weeks/cases
  - "I do the colons for this practice so just refer them to me..."
  - "I do the trauma, you can do the clinic..."
- > Equal opportunity for call
- > Equal opportunity for resources

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## COMMUNITY

- > What's the role of the team you are interviewing with?
- > Is there a sense of community and mission
  - Do people believe it?
- > When honest with yourself, are you an outlier?



What's the mission statement?

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## PHASE 3: VISIT #2 (DO YOU LIKE THEM)

- > If you “fit” with the institution, a second interview may be offered
  - If you aren't interested, its ok to politely decline the second interview
- > They have figured out that they like you, now it is time to confirm that you like them.
  - Remember your written priority list?

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## PHASE 3: VISIT #2 (DO YOU LIKE THEM)

- > Fill in the gaps with this visit
  - Missed faculty, hospital leaders, mentors outside of the Dept, key programs needed for your happiness
- > Tour of neighborhoods and schools are helpful
  - Casual dinners with faculty and their family
- > May meet with the business office and receive the first offer
  - Don't sign, you will “need time to think it over...”
  - 2-4 years and then what?

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## PHASE 4: THE (BRIEF) NEGOTIATION

- > Don't be swooned by kindness
- > You get a single counter offer
  - You aren't that special but ask for what you need to be successful
  - REMEMBER YOUR PRIORITY LIST
  - Relocation expenses, signing bonuses, titles, research support, administrative support, additional visits
- > Don't ruin a good thing or a reputation



"You don't negotiate over a futon..."

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HOSPITAL

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## PHASE 5: ONBOARDING

- > After signing, immediately start working with HR for onboarding and credentialing
- > Some states take >6 months to obtain a permanent medical license and require a multitude of documents
- > Hospital credentialing also can take time due to their meeting schedules
- > You don't want to be the person who started late

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HOSPITAL

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## OBJECTIVES

1. Understand the need for self reflection and honesty
2. To review the structure of the recruitment process (5 phases)
3. Introduce the idea of the "worklife model" and how it is linked burnout
4. To convince you that the least important factor is the money

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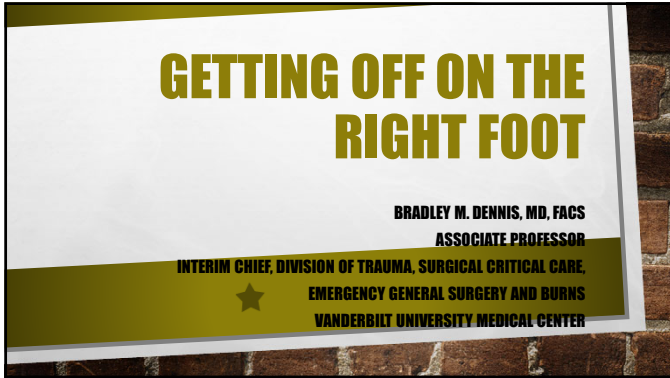
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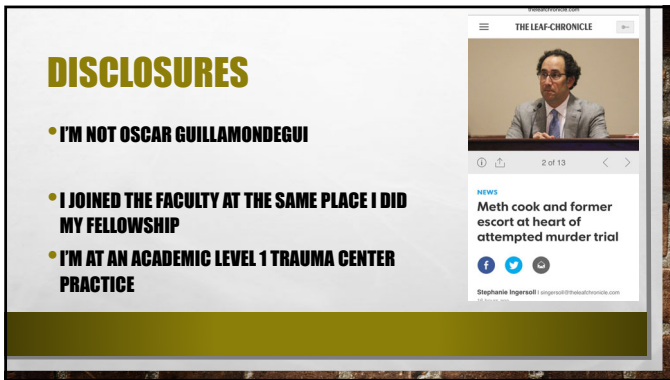
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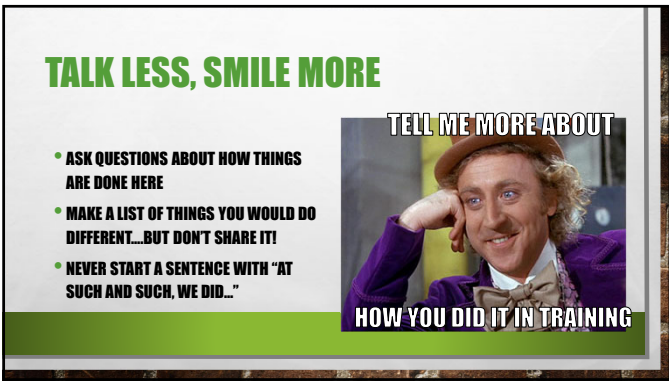
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## MASTER YOUR CRAFT

- ESTABLISH YOUR CLINICAL CREDIBILITY
- YOUR INSTITUTIONAL CREDIBILITY IS LARGELY BUILT ON YOUR CLINICAL SKILLS
- FOCUS ON THIS
- BUT DON'T BE AFRAID TO ASK FOR HELP ON BIG CASES

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## COME READY TO WORK

- ESTABLISH YOUR WORK ETHIC
- THIS PLUS CLINICAL SKILLS WILL BENEFIT YOU MORE THAN ANYTHING ELSE

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## BE EVER PRESENT

- SHOW UP EVERY DAY, EVEN IF YOU'RE NOT CLINICAL
- BE AVAILABLE TO HELP
- WANDER DOWN TO THE TRAUMA BAY
- WANDER INTO OR CASES
- BE THERE TO HELP EVEN BEFORE PEOPLE ASK

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## SAY YES

- SAY YES FAR MORE THAN YOU SAY NO
- DON'T LIMIT YOURSELF TO ONLY THINGS THAT ALIGN WITH YOUR INTERESTS
- SUCCESS WILL BRING MORE OPPORTUNITIES



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## SURVEY THE SCENE

- DON'T GET INVOLVED IN OFFICE POLITICS
- LEARN WHO ARE THE KEY PLAYERS
- LEARN WHO ARE YOUR ALLIES



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## FIND YOUR JOY

- FIND THE THINGS YOU ENJOY ABOUT WORK
- SOME THINGS WILL BE HARD, REMIND YOURSELF OF WHAT YOU LOVE ABOUT THE JOB



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## BE A SOLUTIONS PERSON

- THERE ARE TWO KINDS OF PEOPLE
  - PROBLEM PEOPLE—THOSE WHO GO TO THE BOSS WITH THEIR PROBLEMS
  - SOLUTIONS PEOPLE—THOSE WHO SUGGEST SOLUTIONS TO PROBLEMS
- DON'T BE THE PROBLEM OR THE COMPLAINER

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## TAKE TIME FOR YOURSELF

- PLAN A VACATION
- UNPLUG, GET AWAY

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## THINGS YOU SHOULD NOT DO

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## CARDINAL SIN

- THE CARDINAL SIN OF A NEW PARTNER IS SELFISHNESS

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## SELFISHNESS

- I KNOW BETTER THAN YOU
- I'M ONLY INTERESTED IN THINGS THAT DIRECTLY BENEFIT ME
- I'LL WORK ON THIS UNTIL I FIND SOMETHING BETTER TO DO
- IT'S SOMEONE ELSE'S RESPONSIBILITY TO FIX MY PROBLEMS

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## I KNOW BETTER THAN YOU

- DON'T TRY TO REINVENT THE SYSTEM
  - SYSTEM EXISTED LONG BEFORE YOU
  - THE SYSTEM DIDN'T DEVELOP BY ACCIDENT
  - THEY AREN'T PILING BODIES UP OUTSIDE THE HOSPITAL
- \*SPEND YOUR TIME LEARNING WHY THINGS ARE THE WAY THEY ARE

18

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**I'M ONLY INTERESTED IN THINGS THAT BENEFIT ME DIRECTLY**

- NOT EVERYTHING WILL DIRECTLY BENEFIT YOU.
- SOME THINGS JUST NEED TO GET TAKEN CARE OF.
- HELPING OTHERS WILL PAY OFF IN SOCIAL EQUITY

**\*JUST DO THE RIGHT THING**



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**I'LL WORK ON THIS UNTIL I FIND SOMETHING BETTER TO DO**

- PARTIAL COMMITMENT IS WORSE THAN NO COMMITMENT
- SENDS MESSAGE THAT YOUR OWN AGENDA IS MORE IMPORTANT
- MAKES YOU LOOK UNRELIABLE



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**IT'S SOMEONE ELSE'S RESPONSIBILITY TO FIX MY PROBLEMS**

**\*COME WITH SOLUTIONS**

- THEY MAY NOT BE THE BEST OPTION, BUT IT SENDS THE RIGHT MESSAGE
- SHOWS OWNERSHIP AND INITIATIVE

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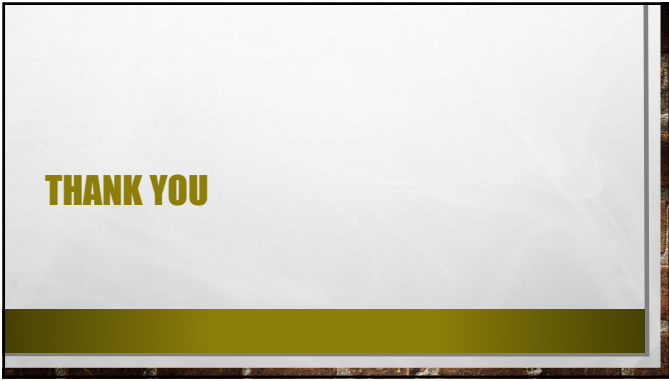
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# Building a Unified, Inclusive and Complementary Division

Tanya L. Zakrisson, MD, MPH, FRCSC, FACS  
Associate Professor of Surgery  
University of Chicago  
33<sup>rd</sup> EAST Annual Scientific Assembly



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## Disclosures

- I have no conflicts of interest
- I am not a division chief
- Chair of EAST's Equity, Quality and Inclusion Task Force



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George Rabbat MD, FRCSC



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## Definitions

1. **Unify:** make or become united, uniform, or whole.
2. **Inclusion:** the action or state of including or of being included within a group or structure.
3. **Complementary:** combining in such a way as to enhance or emphasize the qualities of each other or another.

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## What About Diversity?

DIVERSITY	INCLUSION
is being invited to the Party	is being asked to Dance

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## What Does Inclusion Mean?

- Being treated fairly and respectfully
- Are valued
- Having a sense of belonging
- Feeling psychologically safe  
Psychological safety is the cornerstone of trust in trauma surgery

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## Is Inclusion Really a Problem in Surgery?

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## #EAST4ALL

- A majority of respondents (83%) felt that equity and inclusion in trauma surgery are important to a moderate or large extent.

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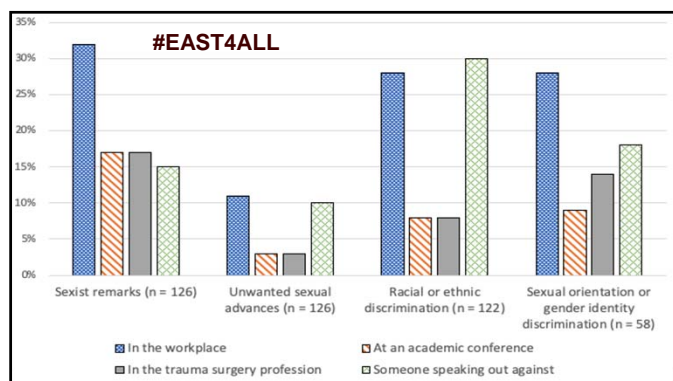
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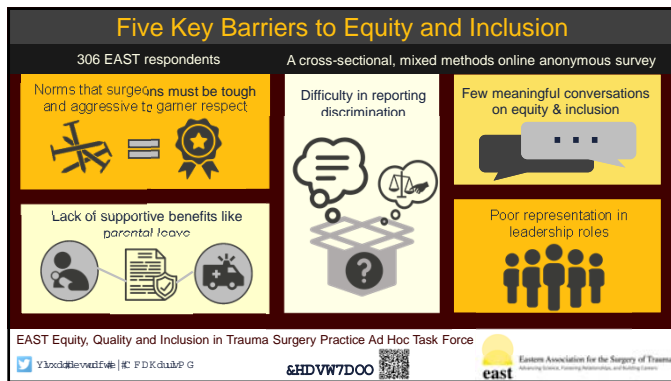
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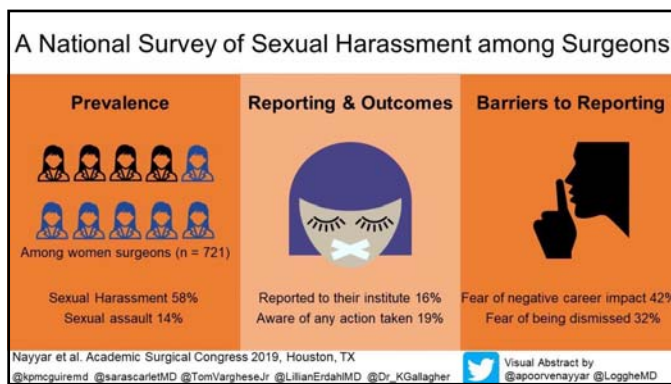
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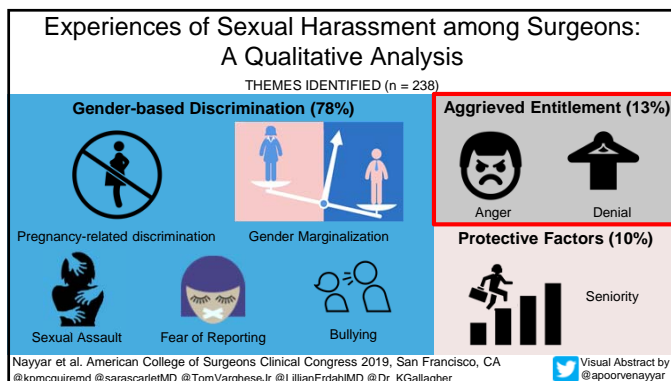
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THE NEW ENGLAND JOURNAL OF MEDICINE

SPECIAL ARTICLE

**Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training**

Yue-Yang Hu, M.D., M.P.H., Ryan J. Ellis, M.D., M.S.C.I.,  
 D. Brock Hewitt, M.D., M.P.H., Anthony D. Yang, M.D., Elaine Ota-Chung, Ph.D.,  
 Judith T. Moskowitz, Ph.D., M.P.H., John R. Potts III, M.D., Jo Rayke, M.D.,  
 David B. Hoyt, M.D., Thomas J. Nasca, M.D., and Karl V. Bilimoria, M.D., M.S.C.I.

- N = 7,409 general surgery residents
  - 32% gender discrimination
  - 17% racial discrimination
  - 30% verbal or physical abuse
  - 10% sexual harassment
  - 38% weekly burnout symptoms
    - Suicidal ideation

Patients and families  
 Attending surgeons

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**UChicago**  
 Medicine

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**Adil Haider's Work**

EAST 2014 PLENARY PAPER

Unconscious race and class bias: Its association with decision making by trauma and acute care surgeons

Adil H. Haider, MD, MPH, Eric R. Schneider, PhD, N. Srivani, PhD, Deborah S. Donlick, MD,  
 Valerie K. Scott, MSPH, Sandra M. Swoboda, RN, Lia Lacomere, MD, MPH, Elliott R. Haat, MD,  
 David T. Etnus, MD, Peter J. Pronovost, MD, PhD, Julie A. Fruehling, MD, Pamela A. Lipsett, MD,  
 Edward E. Cennamo, III, MD, Eden J. MacKenzie, PhD, and Lisa A. Cooper, MD, MPH, Baltimore, Maryland

N= 248 members of EAST  
 74% unconscious preference for white persons  
 91% unconscious preference for upper social class persons

*J Trauma Acute Care Surg*  
 Volume 77, Number 3

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**"Not everything that is faced  
 can be changed, but nothing can  
 be changed until it is faced."**

- James Baldwin

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### How Do We Fix This?

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### How to Fix This?

- Solid leadership with inclusive leadership
- We all have a role to play

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### What Do Division Chiefs in Trauma Say?

- "Listen...listen. **Give each person a voice.** Patience."
- "Need to have a **shared vision** of where you are going as a group."
- "Have frequent talks with your peers in order to **understand what everyone is thinking.**"
  - Is everyone still in line with the mission? Do they agree with it?
  - Is your mission explicit and understood by all? Roles?
- "I need to understand **what wellness means** to the members of my team."

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### What Do Division Chiefs in Trauma Say?

- "Hire and support a diverse workforce, which means **being intentional** in how and who you recruit - advertise in societies that attract diversity like Society of Black Academic Surgeons and the Association of Women Surgeons."
- "Specifically tell your faculty about your mindset- ie **you are committed to diversity and inclusiveness** and any behavior to the contrary won't be tolerated."
- "Critically look at salaries and bonus schemes - **are they fair and family friendly**, do they penalize women with community tasks?"
- "Are there programs to **promote and retain**?"



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### What Do Our Division Chiefs Say?

- "To me, one thing is to treat everyone equally but also **have defined roles for everyone which should meet their talents**. To this end, making sure you hire with diversity in mind is key as **we all have different backgrounds which lead to different talents, ideas and skills**. I think applying these skills in the best way possible is where leadership can falter or succeed."



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### Common Themes

- Everyone is part of the mission  
You support the mission because you feel valued for who you are, for what you think or represent.
- Communication is key, with inclusive (i.e. gender neutral) language  
Words matter
- Wellness
- We are not all the same  
Capitalize on our uniqueness  
Diversity is not 'tolerated', it is desired



*Diversity of Ideas*

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### Who Gets Leadership Training?

"The lack of requirements for leadership is impressive."

"The training to be a leader is variable...at best."



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**Brandeis**



**2019 Scholarship Available**

2019 funding for this scholarship has been made possible by a generous donation from the Dorothy R. Greenstein Foundation.

The American College of Surgeons and EAST are offering an annual scholarship to subsidize attendance and participation in the Executive Leadership Program in Health Policy and Management at Brandeis University. The course takes place June 2-8, 2019. The award is in the amount of \$8,000, to be used toward the cost of tuition, travel, housing, and subsistence during the period of the course.

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 Medicine

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**Individualize Your Leadership Needs**

- Best leadership training program is one that finds your personal weaknesses and works on those. Individualize your leadership courses
- “How good am I? Do I need to be better?”

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## How Do We Train Leaders to be Inclusive?

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Figure 1. The six signature traits of an inclusive leader




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## Inclusive Leadership – Harvard Business Review

- **Visible commitment:** They articulate authentic commitment to diversity, challenge the status quo, hold others accountable and make diversity and inclusion a personal priority.
- **Humility:** They are modest about capabilities, admit mistakes, and create the space for others to contribute.
- **Awareness of bias:** They show awareness of personal blind spots as well as flaws in the system and work hard to ensure meritocracy.
- **Curiosity about others:** They demonstrate an open mindset and deep curiosity about others, listen without judgment, and seek with empathy to understand those around them.
- **Cultural intelligence:** They are attentive to others' cultures and adapt as required.
- **Effective collaboration:** They empower others, pay attention to diversity of thinking and "psychological safety," and focus on team cohesion.

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### Inclusive Leadership – Harvard Business Review

- all team members are treated respectfully and fairly
- are valued and sense that they belong
- are confident and inspired
- **Inclusive leaders directly enhance performance**
  - 17% more likely to report that they are **high performing**
  - 20% more likely to say they make **high-quality decisions**
  - 29% more likely to report **behaving collaboratively**
  - a 10% improvement in perceptions of inclusion **increases work attendance** by 1 day / year / employee, reducing absenteeism



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### The Most Inclusive Leaders – Harvard Business Review

- **Share personal weaknesses:** “[This leader] will openly ask about information that she is not aware of. She demonstrates a humble, unpretentious work manner. This puts others at ease, enabling them to speak out and voice their opinions, which she values.”
- **Learn about cultural differences:** “[This leader] has taken the time to learn the ropes (common words, idioms, customs, likes/dislikes) and the cultural pillars.”
- **Acknowledge team members as individuals:** “[This leader] leads a team of over 100 people and yet addresses every team member by name, knows the work stream that they support and the work that they do.”



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### The Least Inclusive Leaders – Harvard Business Review

- **Overpower others:** “He can be very direct and overpowering which limits the ability of those around him to contribute to meetings or participate in conversations.”
- **Display favoritism:** “Work is assigned to the same top performers, creating unsustainable workloads. [There is a] need to give newer team members opportunities to prove themselves.”
- **Discount alternative views:** “[This leader] can have very set ideas on specific topics. Sometimes it is difficult to get an alternative view across. There is a risk that his team may hold back from bringing forward challenging and alternative points of view.”
- **Conflict Adverse:** Allows bad behavior and bullying in the workplace.



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## How Can I Become an Inclusive Leader?

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### Learning to be an Inclusive Leader

#### 1. Know your 'inclusive-leadership shadow':

Seek feedback on whether you are perceived as inclusive, especially from people who are different from you. This will help you to see your blind spots, strengths, and development areas. It will also signal that diversity and inclusion are important to you. Scheduling regular check-ins with members of your team to ask how you can make them feel more included also sends the message.

#### 2. Be visible and vocal:

Tell a compelling and explicit narrative about why being inclusive is important to you personally and the business more broadly. For example, share your personal stories at public forums and conferences.

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### Learning to be an Inclusive Leader

#### 3. Deliberately seek out difference:

Give people on the periphery of your network the chance to speak up, invite different people to the table, and catch up with a broader network. For example, seek out opportunities to work with cross-functional or multi-disciplinary teams to leverage diverse strengths.

#### 4. Check your impact:

Look for signals that you are having a positive impact. Are people copying your role modeling? Is a more diverse group of people sharing ideas with you? Are people working together more collaboratively? Ask a trusted advisor to give you candid feedback on areas you have been working on.

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ASA Recommendations for Inclusion

ASA PAPER

Ensuring Equity, Diversity, and Inclusion in Academic Surgery  
An American Surgical Association White Paper

Michaela A. West, MD, PhD, FACS,\* Shelley Hwang, MD, MPH, FACS,† Ronald V. Maier, MD, FACS,‡  
Nita Ahuja, MD, FACS,§ Peter Angelos, MD, PhD, FACS,¶ Barbara L. Bass, MD, FACS,||  
Karen J. Brasel, MD, FACS,\*\* Herbert Chen, MD, FACS,†† Kimberly A. Davis, MD, FACS,§  
Timothy J. Eberlein, MD, FACS,‡‡ Yaman Fong, MD, FACS,§§ Caprice C. Greenberg, MD, MPH, FACS,¶¶  
Keith D. Lillemor, MD, FACS,||| Mary C. McCarthy, MD, FACS,\*\*\* Fabrizio Michelassi, MD, FACS,†††  
Patricia J. Numan, MD, FACS,‡‡‡ Sarah Parangi, MD, FACS,|||| Jorge D. Reyes, MD, FACS,‡  
Hilary A. Sanfey, MB, BCH, MHPE, FACS,§§§ Steven C. Stain, MD, FACS,\*\*\*  
Ronald J. Weigel, MD, PhD, FACS,||||| and Sherry M. Wren, MD, FACS\*\*\*\*



Annals of Surgery 2018

TABLE 1. Key Performance Indicators by Section

Section	Key Performance Indicators
Recognizing individual and organizational barriers to diversity and inclusion: Ethics of diversity	Ensure an institutional mission statement that promotes diversity and inclusion and zero tolerance for discrimination, harassment, or bullying. Assess and increase percentages of women and minorities in positions of leadership. Acknowledge that just as it is inherently ethical to respect the autonomy of patients, it is inherently ethical for surgeons to improve diversity and inclusion. Although surgeons have tended to resist change, they must now be catalysts for change to improve diversity and reduce inequities.
Recruitment and retention of diversity: impacting change	Review search committee composition of women and URM in terms of number and seniority annually. Establish programs for retention and recruitment of women and minorities relative to other groups. Promote transparency in salary, promotion, and career advancement. Provide an annual "Recruitment Report" with specific data percentages of women and URM interviews, job offers, and rank to inform Institutional leadership and Department faculty.
Success in academic surgery: faculty focus:	Orient new faculty members to departmental and institutional policies. Perform an annual review of faculty progress in promotion, accomplishments, short and long-term goals. Wellness and work-life integration should be included in faculty orientation and assessment.
Creating a culture of respect, equity, and inclusion:	Disseminate departmental policies with ongoing assessment/can of behavioral metrics and remediation program should be performed regularly.
Initiatives for faculty leadership development, retention, and promotion:	Encourage research on best practices to assess and modify negative behaviors. Identify leadership roles with succession plans that demonstrate equity and diversity. Revisit annually.
Ongoing self-assessment:	Produce a promotion track record that compares URM and women to overall department statistics. Track the number of exit interviews conducted for faculty that have left, with a target of 100%.
Service and altruism:	Encourage continuous self-assessment as a key component of achieving sustained, tractable diversity and inclusion in the surgical workforce. Educate faculty and staff in how implicit and explicit bias may impact the evaluative process and how to mitigate against bias. Have a system to respect, acknowledge, and reward service and altruistic activities. Actively participate in student and resident community and global service projects. Encourage research in health care disparities and access to care, locally and globally. Departments should make opportunities for global surgical engagement available to residents.

Reality	Vision
Identify Barriers	Change the face of leadership
Ethics of Diversity	Surgeons must now be catalysts of change
Recruitment & Retention	Transparency
Success in Academic Surgery	Don't ignore work-like balance
Culture of Respect	<u>Best Practices to modify bad behavior</u>
Leadership Development	Know your statistics & listen when leaders leave
Ongoing Self-Evaluation	Mitigate against all bias – yours & team
Service & Altruism	Eliminate disparities locally, nationally & globally

CURRENT OPINION

#EAST4ALL: An introduction to the EAST equity, quality, and inclusion task force

Stephanie Bonne, MD, Brian H. Williams, MD, Matthew Martin, MD, Haytham Kaafarani, MD, William L. Weaver, MD, Rishi Rattan, MD, Patricia M. Byers, MD, D'Andrea K. Joseph, MD, Paula Ferrada, MD, Bellal Joseph, MD, Ariel Santos, MD, Robert D. Winfield, MD, Sandra DiBrito, MD, PhD, Andrew Bernard, MD, and Tanya L. Zakrisson, MD, Lexington, Kentucky

J Trauma Acute Care Surg  
Volume 87, Number 1


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Understanding & Responding to Microaggressions as an Ally


Microassault: overt discrimination  
"We don't want [religious group] here."




Microinsult: subtle snubs, often unknown to the perpetrator  
"You're smart for a girl!"



Microinvalidation: devaluing or exclusionary events  
"I don't see color, the most qualified person got the job."




Call-In rather than Call-Out




Emphasize that everyone makes mistakes; we all learn & lead with empathy

Identify and Behave as an Ally




Verbal commitment must be backed with endorsement in public and private

Create Departmental Policy




Clearly delineate steps for reporting events and consequences for repeat offenders


Listen and Ask for Feedback





Take colleagues' experiences seriously and ask if you're doing enough to help


EAST Equity, Quality and Inclusion in Trauma Surgery Practice Ad Hoc Task Force


 @EAST4ALL


 EAST4ALL


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
 EAST4ALL

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Eastern Association for the Surgery of Trauma  
Advancing Trauma, Improving Opportunities, and Saving Lives

DIVERSITY

is being invited to the Party

INCLUSION

is being asked to Dance

BELONGING

is dancing like no one's Watching

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There is no box



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### Dryden Hospital #1 In Providing Cancer Treatment



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### Diversity Saves Lives - 2004

**Cultural Competency:** Cultural competency is defined as the ability of healthcare professionals to communicate with and provide high-quality care to patients from diverse socio-cultural backgrounds.

**Cultural Dexterity:** the unique tailoring of cultural competency to surgery.



### IN THE NATION'S COMPELLING INTEREST



Ensuring Diversity in the  
Health-Care Workforce

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

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- But it's more than just treating colleagues and patients equally and with dignity and respect.
- When the structure is unfair, it needs changing.

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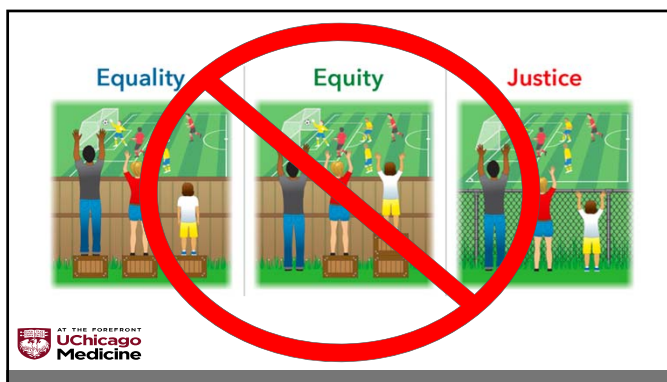
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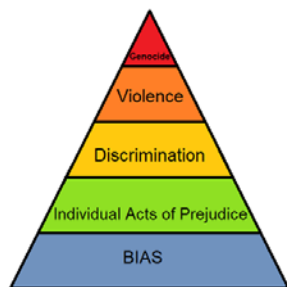
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## Pyramid of Hate

- Trauma surgeons have an important role in countering hate at every level.
- This takes true leadership.



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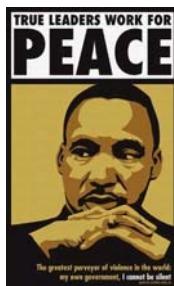
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## Dr. Martin Luther King Jr. - Beyond Vietnam, 1967

“True compassion is more than flinging a coin to a beggar. It comes to see that an edifice which produces beggars needs restructuring.”



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Thank you

[tzakrison@surgery.bsd.uchicago.edu](mailto:tzakrison@surgery.bsd.uchicago.edu)

@tzakrison



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