



**Eastern Association for the Surgery of Trauma**

Advancing Science, Fostering Relationships, and Building Careers

**Taking the Lead: Strategies for Leading within Your Group  
An EAST Leadership Development Workshop**

**January 14, 2020  
Loews Sapphire Falls Resort  
Orlando, Florida**



**Taking the Lead: Strategies for Leading within Your Group**  
**An EAST Leadership Development Workshop**

**TUESDAY, JANUARY 14, 2020**

**8:00 am – 4:00 pm**

*Presented by the EAST Career Development Committee*

**Target Audience:** Early Career and Mid-Career Trauma & Acute Care Surgeons including Fellows-in-Training

**Needs Statement:** A successful career as an acute care surgeon requires education, planning, and guidance. Not all young surgeons have experts in career development in their mentor pool. This workshop provides essential contacts and education to help acute care surgeons succeed.

**Overview:** This workshop is part of the EAST Leadership Development series. It is a three-part, multi-year course focusing on the career development of the early career trauma surgeon. Each workshop is designed to be a stand-alone course. In this way, surgeons can participate in the course at any time in the three-part series. The 2020 workshop will focus on leadership skills and strategies for individuals leading within a group or division. The knowledge and skills gained at this course can be applied not only at one's own medical center but also at the organizational level. Team-based learning exercises will be incorporated to encourage an active learning experience and provide more opportunity for interaction with course faculty. The faculty members include distinguished trauma and acute care surgery leaders known for excellence.

**Learner Objectives:**

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

1. Describe effective team leading strategies within a diverse workplace
2. Recognize different personality types and apply that knowledge to challenging leadership scenarios
3. Analyze difficult leadership situations and apply leadership and team-building principles.

**Workshop Directors:** Avi Bhavaraju, MD, Brian Brewer, MD, Jennifer Hartwell, MD, Jennifer Knight Davis, MD, & Jessica Summers, MD

**Schedule:**

8:00 am-8:15 am	Welcome and Introduction – Brad Dennis, MD
8:15 am-8:45 am	Managing Up: What to do When Your Ideals Don't Match That of Your Boss? – Ben L. Zarzaur, MD, MPH
8:45 am-9:15 am	Division Distress: How to Manage When You are the Junior Partner, the Mid-Career Partner, or the Leader in Such a Situation – Kimberly A. Davis, MD, MPH
9:15 am-9:45 am	Bridging the Gender Gap within Your Division and Department – Elliott R. Haut, MD, PhD
9:45 am-10:00 am	Q & A
10:00 am-10:15 am	Break
10:15 am-10:45 am	Building a Unified, Inclusive, and Complimentary Division – Tanya L. Zakrison, MD, MPH
10:45 am-11:15 am	Gallup Strengths Finder – Jennifer Knight Davis, MD
11:15 am-11:45 am	TBL #1 – Using the Gallup Strengths: Managing a Division in Crisis/Distress
11:45 am-12:15 pm	Managing Your Team Health: How Do You Affect the Wellness of the Whole Group? – Nicole Stassen, MD
12:15 pm-12:45 pm	Lunch
12:45 pm-1:15 pm	Q & A - Panel discussion "All the Mistakes I've Made"
	Biggest Professional and Personal Challenges Faced Years 1-5 and 6-10
1:15 pm-1:45 pm	The Art of Asking – How as a leader do you selectively ask people to take on projects? – Nicole Fox, MD, MPH
1:45 pm-2:15 pm	The Art of Saying No – How do you say no at all levels of your career? – Jeff A. Claridge, MD, MS
2:15 pm-2:30 pm	Break
2:30 pm-3:00 pm	Balancing the Needs of the Division versus the Needs of the Individuals – Alison Wilson, MD
3:00 pm-3:30 pm	Q & A
3:15 pm-3:45 pm	TBL #2 – Balancing the Division and its Individuals
3:45 pm-4:00 pm	Wrap Up and Takeaways – Brad Dennis, MD





# TAKING THE LEAD: STRATEGIES FOR LEADING WITHIN YOUR GROUP

Career Development Committee Chair: Brad Dennis, MD

Course Directors: Avi Bhavaraju, MD, Brian Brewer, MD, Jennifer Hartwell, MD, Jennifer Knight Davis, MD, and Jessica Summers, MD

33<sup>RD</sup> ANNUAL SCIENTIFIC ASSEMBLY

January 14-18, 2020



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## Workshop Development

- Developed by Past President Stan Kurek under direction of Michael Rotondo to develop a workshop series on "How to Be a Successful Trauma Director"
  - 3 year cycle of workshops
- Leadership scholarships from the EAST Foundation
- Now in its 14<sup>th</sup> year
  - Full Day
  - Global Leadership
  - Team-Based Learning




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## 3-part Non-Sequential Workshop

- Part 1: 2020: Group Leadership Skills
- Part 2: 2021: Leadership Within the Medical System
- Part 3: 2022: Personal Leadership Skills

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### After the meeting

- CME instructions available through:
  - EAST website
  - EAST app
  - Email



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### Workshop Objectives

1. Describe effective team leading strategies within a diverse workplace.
2. Recognize different personality types and apply that knowledge to challenging leadership scenarios.
3. Analyze difficult leadership situations and apply leadership and team-building principles.



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### Managing Up: What to do When Your Ideas Don't Match That of Your Boss?

Ben L. Zarzaur, MD, MPH, FACS  
Professor of Surgery  
Endowed Chair, Sylvia and Royal Lichtfeldt Burn  
Center Professorship  
Division Chair, Acute Care and Regional General  
Surgery  
EAST Director-at-Large







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# Division Distress: How to Manage When You are the Junior Partner, the Mid-Career Partner or the Leader in Such a Situation

Kimberly A. Davis, MD, MBA, FACS, FCCM  
Professor of Surgery (Trauma)  
Chief of the Division of General Surgery, Trauma and Surgical Critical Care, Surgery  
Vice Chairman, Clinical Affairs, Department of Surgery  
Trauma Medical Director, Yale-New Haven Hospital  
Surgical Director, Performance and Quality Improvement, Yale-New Haven Hospital  
EAST Past-President







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# Bridging the Gender Gap Within Your Division and Department

Elliott R. Haut, MD, PhD, FACS  
Vice Chair of Quality, Safety, & Service, Department of Surgery  
Associate Professor of Surgery, Emergency Medicine, and Anesthesiology & Critical Care Medicine  
Associate Professor of Health Policy & Management  
EAST President







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# Building a Unified, Inclusive and Complimentary Division

Tanya L. Zakrisson, MD, MPH, FRCSC, FACS  
Associate Professor of Surgery  
Director, Critical Trauma Research  
EAST Co-Chair: Equity, Quality, & Inclusion in Trauma Surgery Practice Ad Hoc Task Force







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# Gallup Strengths Finder

Jennifer Knight Davis, MD, FACS  
Associate Professor  
Trauma, Acute Care Surgery and Surgical  
Critical Care  
Trauma Medical Director, Jon Michael  
Moore Trauma Center  
Critical Care and Trauma Institute





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# Team-Based Learning – Using the Gallup Strengths: Managing a Division in Crisis/Distress





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# Managing Your Health Team: How Do You Affect the Wellness of the Whole Group?

Nicole Stassen, MD, FACS, FCCM  
Associate Professor of Surgery and Pediatrics  
Director of Third Year Medical Student Clerkship  
Director of Kessler Family Burn Trauma Intensive  
Care Unit  
  
EAST Past President





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# The Art of Asking – How as a Leader do You Selectively Ask People to Take on Projects?



**Nicole Fox, MD, MPH, FACS**  
 Associate Chief Medical Officer, Cooper University Hospital  
 Associate Professor of Surgery  
 Medical Director, Pediatric Trauma Center, Cooper University Hospital  
 Medical Director, Cooper Clinical Documentation Program  
 EAST Guidelines Committee Vice-Chair

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# The Art of Saying No – How do You Say No at All Levels of Your Career?



**Jeffrey A. Claridge, MD, MS, FACS**  
 Hospital Service Line and Division Director of Trauma, Critical Care, Burns, and Acute Care Surgery at MetroHealth Medical Center  
 Medical Director of Northern Ohio Trauma System  
 Professor, Department of Surgery

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# Balancing the Needs of the Division Versus the Needs of the Individuals



**Alison Wilson, MD, FACS**  
 Professor of Surgery  
 Chief of Division of Trauma, Emergency Surgery & Surgical Critical Care  
 Skewes Family Chair for Trauma Surgery  
 EAST Director-at-Large

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## Team-Based Learning – Balancing the Division and its Individuals



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## Q & A Time



- Interactive Workshop
- Morning Q & A with Faculty
- Afternoon Q & A with Chiefs/Chairs/Seniors



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## Managing Up:

What to do when you disagree with your boss.

Ben L. Zarzaur, MD, MPH

Chair, Division of Acute Care and Regional General Surgery  
University of Wisconsin School of Medicine and Public Health

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## Disclosures

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## Managing Up

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## Sucking Up

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...managing up is the process of consciously working with your boss to obtain the best possible results for you, your boss, and your organization. This is not political maneuvering or kissing up. Rather, it is a deliberate effort to bring understanding and cooperation to a relationship between individuals who often have different perspectives...

Thomas Zuber and Erika James

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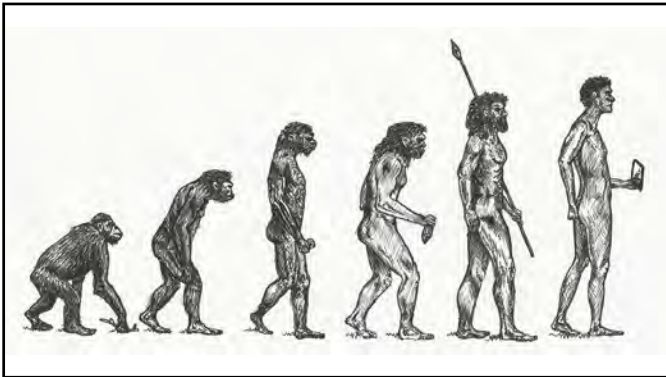
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**First things first...**

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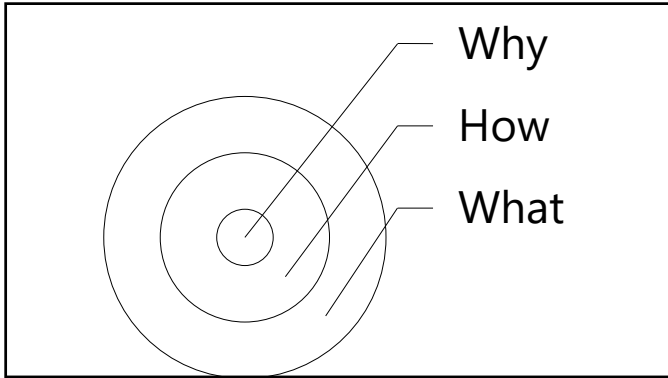
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**Know yourself**

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**TEST**  
**<http://www.onlinepersonalitytests.org/mbti/>**

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# INTJ

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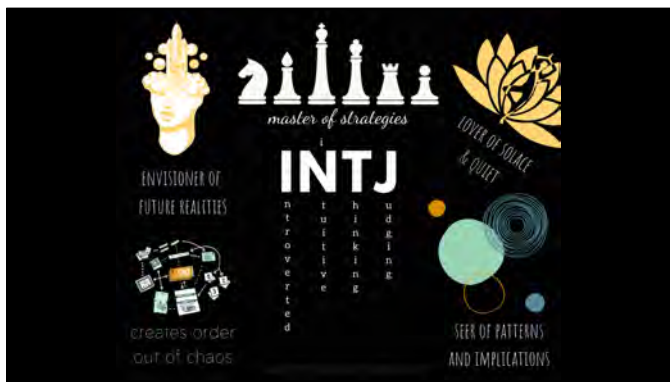
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\*discussing how to solve a problem\*

INTJ: What do YOU think?

ENFP: What do you mean?

INTJ: I mean, what do you think about this situation?

ENFP: I'm thinking I should have known it wasn't going to be so easy.

INTJ: No I mean, what do you think the best course of action is going to be?

ENFP: \*confused, long pause\*

INTJ: \*eagerly waiting response\*

ENFP: \*tells a random story instead\*

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## Define the Relationship

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### Communicate

- Shared vision of why
- Preferred mode of communication
  - Email
  - Ad hoc brief meeting
  - Formal meeting
  - Memo
- Face to Face
  - Bring an agenda
  - Keep notes
  - Readback to dos

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## No surprises

- Telegraph intentions
- Go to confession
- Sometimes good news is bad news
  - Report the facts

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## Problems

- Failures will occur
- Come with proposed solutions
  - Let your boss coach you
- Don't expect the boss to fix a problem for you
- Be clear about what you need for your boss to do to help clear a hurdle

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## Be trustworthy

- Follow through
- Meet deadlines
- Be on time
- Communicate honestly

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## Be loyal

- Limit disagreement in public
- No backstabbing
- No gossip
- But....
  - If your boss is ignoring a real problem
  - Illegal activities
  - Harassment

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## Keep the emotion out of it

- Reread emails before sending
  - Have a friend read emails before sending
- Talk to a friend before talking to a boss
- WAIT!!!!
  - There are rarely issues that you have to address right now
- Practice the story
- Use facts to get your point across

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## What if you disagree?

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### What to do if a disagreement occurs?

- Be curious
  - Try to understand the situation and motivations
- Find common ground
  - Essentially try to find out if you are talking about the same things
  - Clear up misunderstandings
- Figure out if there is a knowledge difference
  - Maybe you know something the boss doesn't or vice versa – don't assume

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### What to do if a disagreement occurs?

- Appreciate motivational differences
  - Figure out what your goal is and what the boss' goal is. Often they are the same
- Use I phrases
  - "I need to talk to you" or "I really need you to pay attention to what I am saying right now, it is important"
- Try to rephrase negative comments
  - "The residents are not happy with the way we teach" instead say "The residents would like us to be more X when we are teaching them"

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### What to do if a disagreement occurs?

- Active listening
  - Repeat back what you heard
- Stay calm
- Sometimes - agree to disagree
  - But – be sure that the boss knows you will have their back in public

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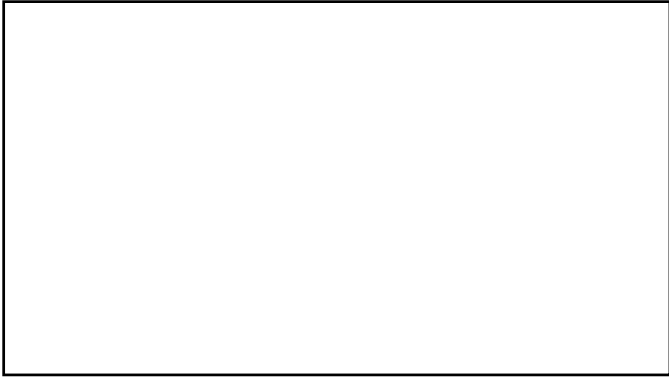
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## Managing divisional distress



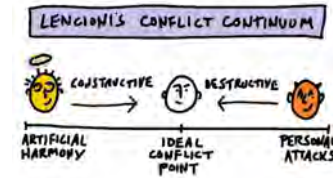
Kimberly A. Davis, MD, MBA, FACS, FCCM  
 Professor of Surgery  
 Chief of the Division of General Surgery, Trauma and Surgical Critical Care  
 Yale School of Medicine

Yale SCHOOL OF MEDICINE



## The challenge of workplace conflict

- Healthy conflict -> higher levels of trust



- Unhealthy conflict becomes personal and emotional

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SLIDE 3

## No Disclosures



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SLIDE 4

## Healthy workplace conflict

- Welcome dissent
- Create diverse teams
- Create accountability -> empower people to make decisions
- Manage conflict locally -> empower staff to resolve their conflicts without intervention
  - But, leaders should follow up to assure that the root cause of the conflict has been resolved



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SLIDE 5

## A couple of observations

- Conflict in the workplace is normal and healthy
- Vital to organizational success
- The most effective teams have members who feel comfortable enough to disagree
- A culture where dissent is encouraged ->
  - Spurs innovation
  - Creates diversity of thought
  - Improves decision-making



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SLIDE 6

## The top two sources of conflict

- Communication
  - Lack of information?
  - Mis-information?
  - Poor information?
  - Good information with unclear future action
- Letting emotion drive decision-making
  - Avoid "lines in the sand"

**10% of conflicts are due to difference in opinion. 90% are due to wrong tone of voice.**

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SLIDE 7



No matter what job you have in life, your success will be determined 5% by your academic credentials, 15% by your professional experiences, and 80% by your communication skills.

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SLIDE 4

### Hit conflict head on

- Understand the root cause of the conflict
- If possible:
  - Address the issue early
  - Address the issue privately
- Expect discomfort
- Focus on a mutually agreed upon outcome
- Be open –
  - Your way may not be the best way .....



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SLIDE 5

### View conflict as a positive

- Divergent opinions and positions stimulate innovation
- Take turns and listen to all sides of the issue
- Clarify points which are unclear
- List all potential solutions



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SLIDE 6

### Understand the WIIFM factor

- Key to conflict resolution is identifying underlying motivations
- Try to take actions that empower individuals to achieve their goals
- Respond constructively
  - You do not have to agree with a point of view to value it
  - Maintain a sense of humor
- Learn to compromise

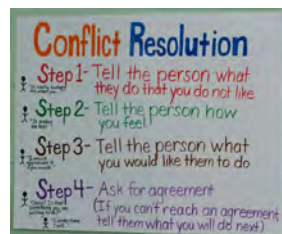


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SLIDE 8

### Other drivers of conflict

- Conflicting needs
- Conflicting styles
- Conflicting perceptions
- Incompatible goals
- Incompatible roles
- Avoidance behaviors
- Personal differences



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SLIDE 9

### Communication styles to mitigate conflict

- Speak softly and slowly
- Maintain eye contact
- Maintain a neutral facial expression
- Do not be defensive
- Answer informational questions
- Give "I" messages
- Reflect thoughts back



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SLIDE 10





### Pick your hills to die on

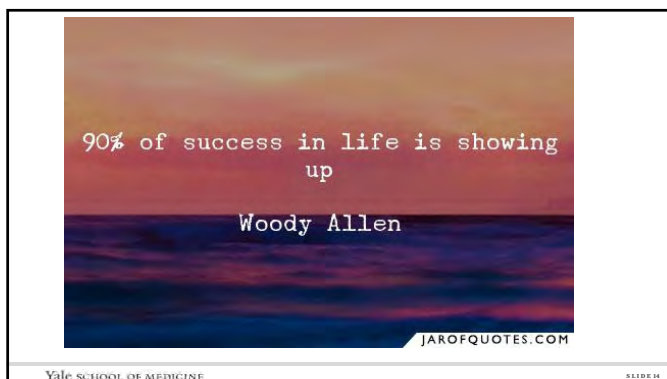
- Avoid conflict for the sake of conflict
- Define the importance of what is at stake
  - If important, open lines of communication
  - Identify position gaps and collaborate to close them
- Avoid responding emotionally
  - Don't attempt to resolve conflict when tempers are flaring
- Know when to retreat

Simple Reminders

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### As a junior faculty member ....

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### Managing people

- Communicate
  - Understand mutual goals and objectives
  - Understand differences in perception
- Avoid surprises
- Provide solutions not problems
- Build trust
- Request feedback
- Stay on mission

Eleanor Roosevelt

Brainy Quotes

Yale SCHOOL OF MEDICINE SLIDE 17





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SLIDE 10

### When all else fails.....

- Know when to go
  - Create a reasonable transition timeline
  - Do not bad mouth



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SLIDE 11

### As a mid-career faculty member .....

Whenever you're in conflict with someone, there is one factor that can make the difference between damaging your relationship and deepening it. That factor is attitude.

William James

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SLIDE 12

### When to seek assistance

- When legal issues may be involved
  - Harassment
  - Discrimination
- Recurring issues
- When emotions are running too hot
- When the environment becomes too toxic



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SLIDE 13

### Managing the difficult boss

- De-escalate your anger
- Forget giving feedback -> make requests instead.
  - Be specific about resources needed
  - Explain your rationale
  - Articulate a benefit to the organization
- Engage a support network
- Protect your well-being
  - You cannot control your boss' behavior, but you can control your response



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SLIDE 14

Remember that life's greatest lessons are usually learned at the worst times and from the worst mistakes.

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SLIDE 15





I'm not here to win a popularity contest. I'm here to work and have a career. Let the haters hate. I'm ready for the criticism.

— Martin Luther King Jr. —



Leadership is not a popularity contest; it's about leaving your ego at the door. The name of the game is to lead without a title.

— Peter Dinklage —

AS QUOTES

Yale SCHOOL OF MEDICINE SLIDE 24



Yale SCHOOL OF MEDICINE SLIDE 25



# 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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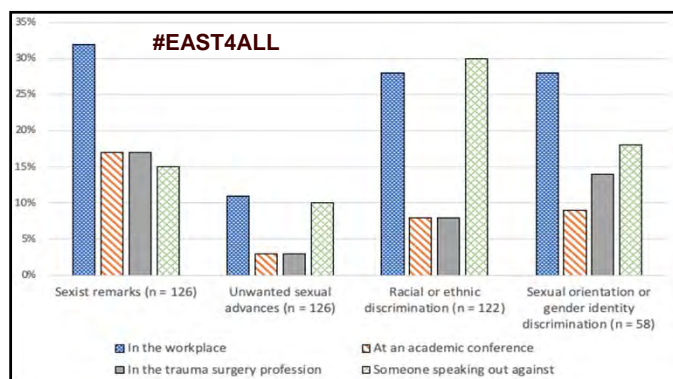
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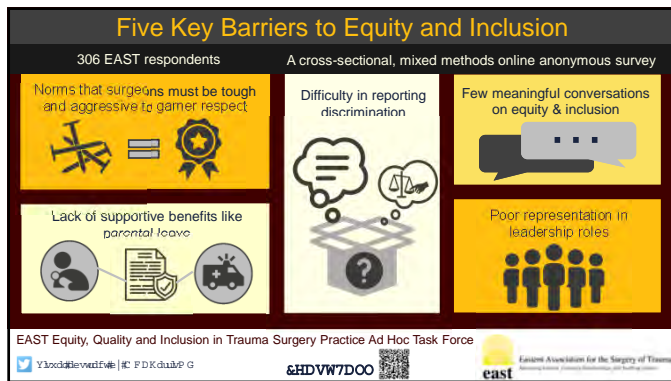
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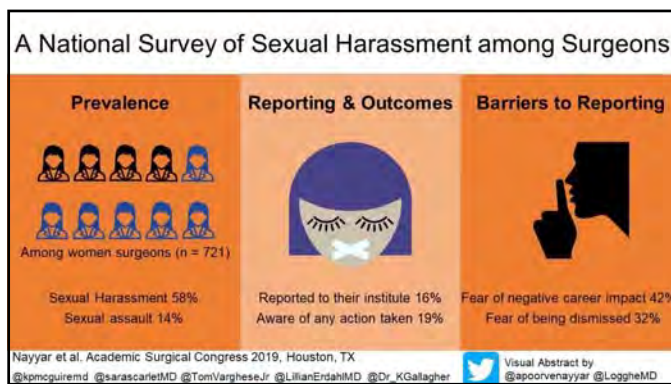
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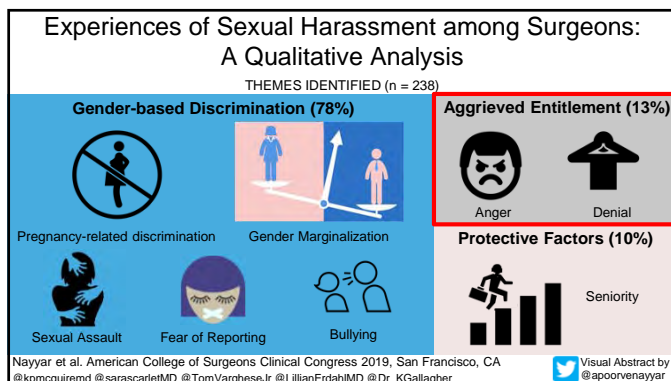
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THE JOURNAL OF THE AMERICAN COLLEGE OF SURGEONS

**SPECIAL ARTICLE**

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

Yoon Young Hae, M.D., M.P.H., Aydin I. Elmi, M.D., M.Sc.C.,  
 G. Bruce Hunsatt, M.D., M.P.H., Anthony D. Yang, M.D., Elaine Gan Chung, Ph.D.,  
 Jeffrey T. Moskowitz, Ph.D., M.P.H., Peter R. Potts III, M.D., Jia Raykin, M.D.,  
 David R. Hrub, M.D., Thomas J. Hsueh, M.D., April Kauf, B.S., William, M.D., M.Sc.C.

- 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

AT THE FOREFRONT  
**UChicago**  
 Medicine

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**Adil Haider's Work**

**EAST 2014 PRIMER PAPER**

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

Adil H. Haider, MD, MPH, Eric R. Scharfstein, PhD, N. Seeman, PhD, Deborah S. Glick, MD, Valerie B. Scott, MSPH, Sandra M. Yachinda, RN, Lisa Loomery, MD, MPH, F. Keith H. Hawk, MD, David T. Efron, MD, Peter A. Fronczek, MD, PhD, Julie A. Frenkel, MD, Pamela A. Lipsett, MD, Edward L. Cornejo, III, MD, John A. Murfin, PhD, and Lisa A. Singer, MD, MPH, Authors: Accepted

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

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

AT THE FOREFRONT  
**UChicago**  
 Medicine

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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**

ACS Surgeons as Leaders (ACS) is a division of the American College of Surgeons (ACS). 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.

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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**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,§§ Ciprice C. Greenberg, MD, MPH, FACS,\*  
Keith D. Lillemor, MD, FACS,||| Mary C. McCarthy, MD, FACS,\*\*††† Fabrizio Michelassi, MD, FACS,††††  
Patricia J. Numanan, MD, FACS,††† Sarah Parsongi, MD, FACS,||| Jorge D. Reyes, MD, FACS,‡  
Hilary A. Sanjey, MB, BCh, MHPE, FACS,§§§ Steven C. Stein, MD, FACS,\*  
Ronald J. Weigel, MD, PhD, FACS,||| and Sherry M. Wren, MD, FACS,\*

UChicago  
Medicine

Annals of Surgery 2018

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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; Improving 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. Provide 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 of behavioral metrics and remediation programs should be performed regularly. Encourage research on best practices to assess and modify negative behaviors.
Incentives for faculty leadership development, research, and promotion	Identify leadership roles with succession plans that demonstrate equity and diversity. Review annually. Produce a promotion track record that compares URM and women to overall department statistics.
Ongoing self-assessment	Track the number of exit interviews conducted for faculty that have left, with a target of 100%. 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.
Service and altruism	Have a system to report, 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. Department should make opportunities for global surgical engagement available to residents.

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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-life 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

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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."

Call-In rather than Call-Out

Create Departmental Policy

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

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

Clearly delineate steps for reporting events and consequences for repeat offenders

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

Identify and Behave as an Ally

Listen and Ask for Feedback

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

@EAST4ALL

EAST Association for the Surgery of Trauma

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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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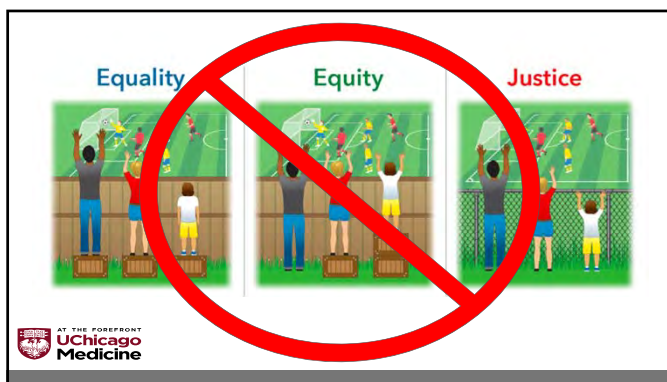
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Perspectives

Rhona W Boyd  
Palo Alto Medical Foundation, Palo Alto, CA 94301, USA  
rhboyd@stanford.edu

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 **The art of medicine**  
The case for desegregation

www.thelancet.com Vol 393 June 22, 2019

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**America: Equity and Equality in Health 3**

**Structural racism and health inequities in the USA: evidence and interventions**

Zina O'Sullivan, Henry Kissinger, Michaela Agbana, Jennifer Green, Nicholas Lurie, Mary F Olorunleke

www.thelancet.com Vol 389 April 8, 2017

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**Structural Violence & Cultural Violence = Direct Violence**

**Violence:** Preventing human beings from achieving their full physical and mental potential – Johan Galtung, 1969

**Structural Violence:** All forms of structural discrimination



visible

invisible

cultural violence

structural violence

direct violence

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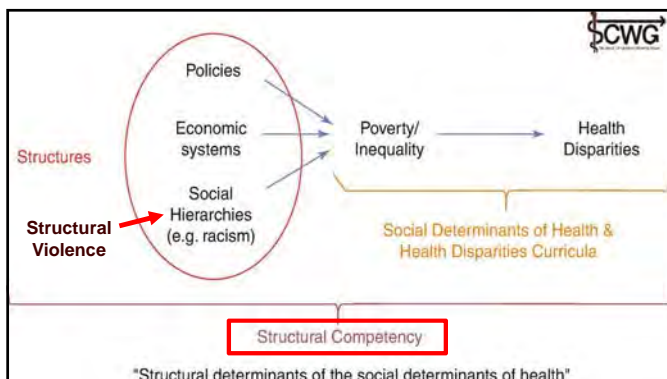
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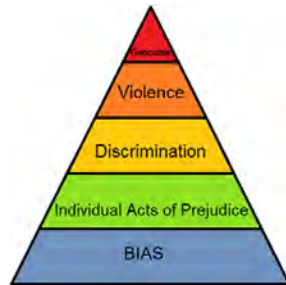
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## Pyramid of Hate

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



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## 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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# GALLUP STRENGTHS

Jennifer Knight Davis, MD



GALLUP CERTIFIED  
Strengths Coach



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# JENNIFER KNIGHT DAVIS

Strategic  
Activator  
Achiever  
Command  
Self Assurance



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# GALLUP ORGANIZATION

- Widely known for polls and employee selection research
- 1990s Donald Clifton
- Objective measure of personal talents



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## GALLUP STRENGTHS

- Positive psychology
- 30 years of research
- Over 22 million people world wide

CliftonStrengths



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The key to **success** is to fully understand how to apply your greatest **talents** and **strengths** in your everyday life.



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## STAND UP IF YOU ...

- talk to people in elevators, airplanes, grocery stores, and wherever you go
- have a color-coded or otherwise organized closet
- write down a list of things to do, and stick to it
- make a list of things to do on weekends
- need to pick someone to race while driving
- ask too many questions



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## EVERYONE HAS TALENT

**Talent** is a naturally recurring pattern of thought, feeling, or behavior that can be productively applied.

Examples of talent include:

- effortlessly and instinctively starting conversations
- thinking in an orderly or timely manner
- being able to easily influence others
- seeing patterns in data
- consistently having a positive outlook on life



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EXECUTING	INFLUENCING	RELATIONSHIP BUILDING	STRATEGIC THINKING
Achiever Arranger Belief Consistency Deliberative Discipline Focus Responsibility Restorative	Activator Command Communication Competition Maximizer Self-Assurance Significance Woo	Adaptability Connectedness Developer Empathy Harmony Includer Individualization Positivity Relator	Analytical Context Futuristic Ideation Input Intellection Learner Strategic



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## REPORTS

- What was your first reaction?
- Did anything surprise you?
- Which theme among your top 5 resonates with you and why?



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## MOST COMMON STRENGTHS

Male	Female
Achiever	Achiever
Learner	Responsibility
Relator	Learner
Strategic (11)	Relator
Responsibility	Empathy (20)



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## LEAST COMMON STRENGTHS

- Discipline
- Significance
- Command
- Self Assurance
- Context



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## COMMON STRENGTHS OF THIS GROUP (AS OF 12/27/19)

- Restorative
- Learner
- Achiever
- Input
- Responsibility, Individualization, Intellection



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## STRENGTHS ZONE

- Look forward to going to work
- Have more positive than negative interactions with coworkers
- Treat patients (customers) better
- Tell their friends they work for a great company
- Achieve more on a daily basis
- Have more positive, creative, and innovative moments



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## STRENGTHS JOURNEY

- Themes are neutral
- Themes are not labels
- Lead with positive intent
- Differences are advantages
- People need one another



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## APPRECIATE YOUR TALENTS

- You don't have to become a different person to be successful
- You don't have to be all things to all people
- You can't be anything you want to be, but you can be more of who you are
- You can learn how to be a better version of who you already are.



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NAME IT! CLAIM IT! AIM IT!  
Your report is a beginning, not an end.

Name It!


- Read your Signature Theme Report (Top Five) and highlight or underline the words or phrases that best describe you.

Claim It!

- Which of your five Signature Themes do you really "own"? How does this theme help you to be successful in your role?

Aim It!

- How could you use this Signature Theme more intentionally? **Starting tomorrow**, I will use my talents in this theme by:



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ENGAGEMENT

- Share a mission and purpose
- Everyone on the team understands and appreciates that he/she is great at some things and not very good at others
- Team members are aware of others talent filter



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ENGAGEMENT

- Currently 13% of employees across 142 countries are engaged in their jobs
- 30% in the US
- 63% not engaged
- 24% ACTIVELY not engaged
- 1 in 4 can strongly agree that at work they have the opportunity to do what they do best every day.



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## PEOPLE WHO FOCUS ON USING THEIR STRENGTHS ...



are **three TIMES** as likely to report having an excellent quality of life



are **six TIMES** as likely to be engaged in their jobs

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
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## PEOPLE WHO FOCUS ON USING THEIR STRENGTHS MAXIMIZE THEIR POTENTIAL



People who learn to use their strengths every day have **7.8% greater productivity.**



Teams who receive strengths feedback have **8.9% greater profitability.**

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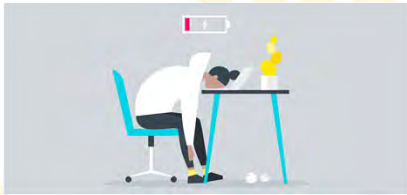
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## BURNOUT



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## BALCONY AND BASEMENT

- Do any of your Top 5 sometimes adversely affect either the work you do or the relationships you need to develop?



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## TBL – MANAGING A DIVISION IN CRISIS/DISTRESS



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## GENERATIONAL DIFFERENCES



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## TOP FIVE STRENGTHS BY GENERATION

	Millennial	Generation X	Baby Boomer	Traditionalist
1	Adaptability	Input	Responsibility	Responsibility
2	Input	Achiever	Achiever	Harmony
3	Responsibility	Responsibility	Adaptability	Empathy
4	Achiever	Learner	Developer	Consistency
5	Context	Relator	Empathy	Achiever



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## ACTIVITY 1

- What similarities are seen between generations?
- Where could conflicts arise?
- Solutions



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## ACTIVITY 2

- Conflict

Scenarios	Strengths	
1.	Deliberative	Activator
2.	Relator	Woo
3.	Focus	Adaptability
4.	Self Assurance	Analytical
5.	Individualization	Consistency



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[illegible][illegible]





## Making Your Team Healthy

How do you as a leader affect the wellness of the whole group?

Sharmila Dissanaikie MD FACS FCCM



The Eastern Association for the Surgery of Trauma

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### Objectives & Disclosures

- No conflicts of interest
- Interactive group learning session, befitting the overall format of this series
- Goal: to provide opportunity for you to develop actionable plans for wellness of your team
  - NOT to make you a scholar of wellness & burnout, hence:
- No didactics. My apologies to those who prefer data-heavy slides

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What Does Wellness Mean?  
What Does it Look Like to You?

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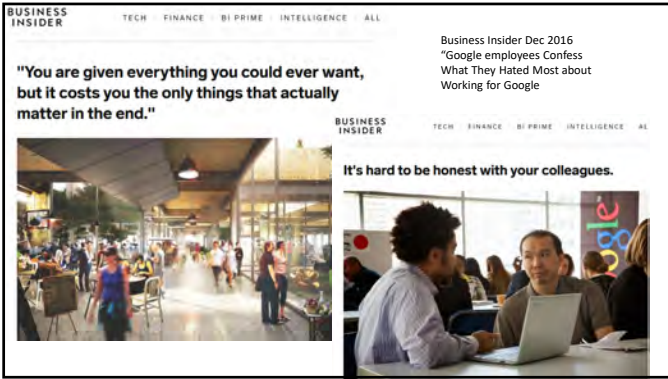
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What are your Top 5 Priorities as a Leader?  
(not your own as a surgeon) (Won't be asked to share)

Research

Patient Care

Financial Stability

Innovation

Teaching

National  
Reputation

Wellness

Growth

Industry

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It's OK if wellness doesn't make  
your top 5!

Works better when integrated into primary mission &  
goals

Making it a stand-alone goal risks it becoming a checkbox

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Conversely, none of the other  
goals likely to be achieved if your  
team is not well

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What does it mean for your team to be well?

- Describe what it might look like
- Could be concepts, actions you have taken, results of actions, or random examples
- Generate a few core concepts

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## Idea Exchange

Please write down ideas that appeal to you, as they are shared!

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## Examples

- |                    |  |
|--------------------|--|
| • Collegiality     | • Volunteering to help each other out in emergencies                                   |
| • Gratitude        | • Sensible work schedules  |
| • Feel Appreciated | • Defined plans for parental or sick leave that go over and above institutional policy |
| • Meaningful work  | • Backing junior colleagues  |
| • Energized        | • Mentorship   |
| • Not burned out   |  |

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What are the Barriers to getting there?

- List as many as you can
- Select top 1 or 2
- Share in groups
  
- Are any of them truly non-modifiable?

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Contribution of Direct Supervisor  
to Burnout & Job Satisfaction has  
been well demonstrated

(Which, of course, is why you're here doing leadership training in the first place!)

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14

What about You –  
are you an Asset or a Barrier to  
your Team's Wellness? What  
Would your Team say?

(Won't be asked to share – whew!)

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Answer is likely “Both”.

ASSET	BARRIER

Homework: Get a 360° evaluation – most of us are less self-aware than we think

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Conclusion: A few features of a healthy work environment

- Meaningful work and meaningful contributions
- Feeling valued and appreciated
- Having a say in how things are run – empowerment, agency, control
- Transparency
- Trust
- Caring for the team



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# The Art of Asking

Nicole Fox MD, MPH, FACS  
Associate Professor of Surgery  
Associate Chief Medical Officer  
Cooper University Hospital



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No disclosures

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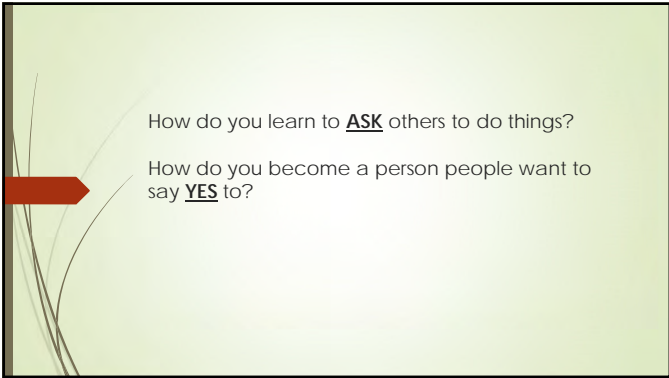
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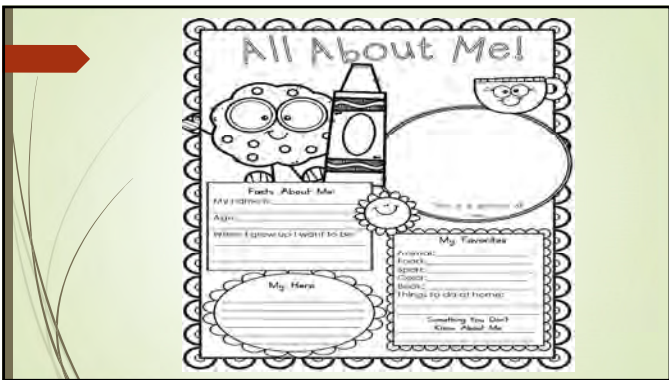
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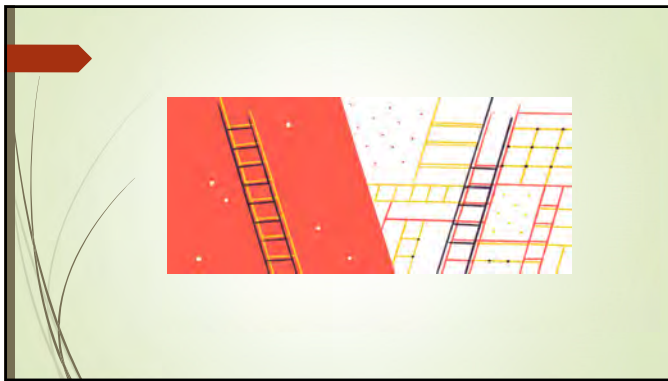
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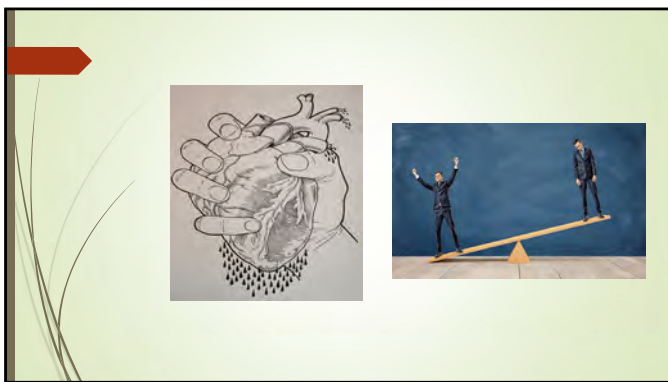
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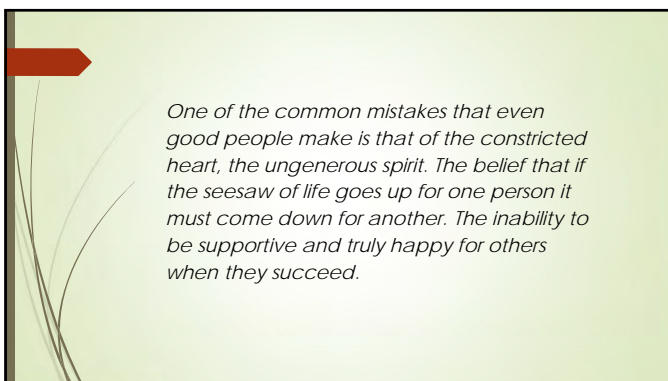
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*One of the common mistakes that even good people make is that of the constricted heart, the ungenerous spirit. The belief that if the seesaw of life goes up for one person it must come down for another. The inability to be supportive and truly happy for others when they succeed.*

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Two Life Skills

Managing Up

Natural tendency is to *manage down*

Hold yourself and others accountable

Don't be disingenuous

Practice in your personal and professional life

Role v. Person

Everyone is watching you

Have a plan if you can't stay "in role"

Starts in the parking garage

What is ok in the bay may not fly in the boardroom

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Realistic Concerns

Is the person you are asking suited for the job?

Is it something you are trying to "pass off?"

Are you setting them up to fail?

Are you available to provide support?

Are you able to take on the project if they cannot complete it?

Do you have a back up plan?

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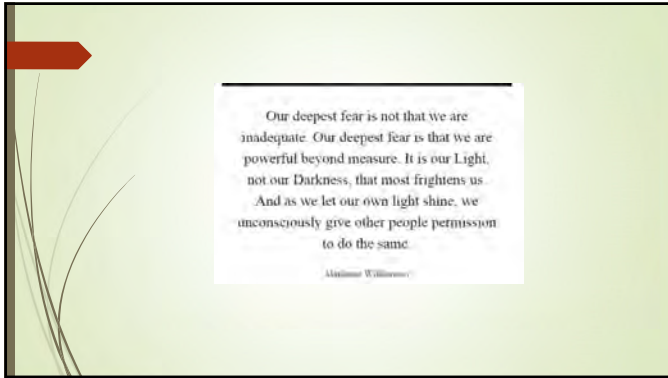
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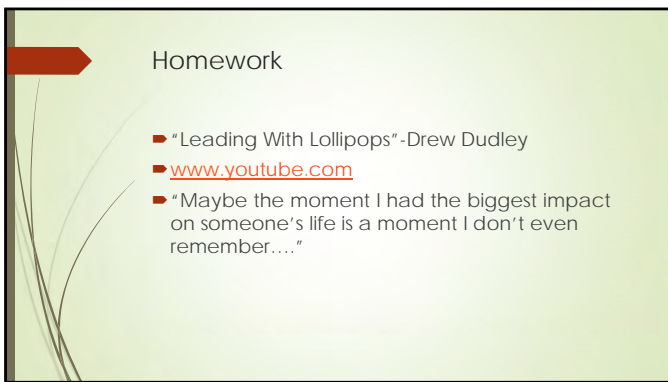
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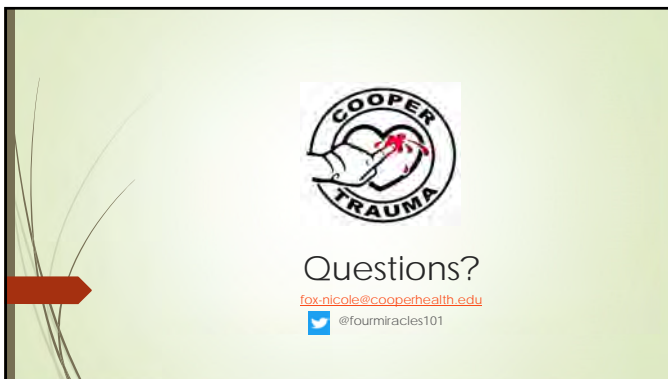
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WVU Medicine

## BALANCING the NEEDS of the DIVISION VERSUS the NEEDS of the INDIVIDUAL



Alison Wilson, MD, FACS  
Professor of Surgery  
Skewes' Family Chair in Trauma  
West Virginia University



WVU Critical Care & Trauma Institute

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## DISCLOSURES

- No Financial Disclosures or COI
- Opinions expressed are mine and may differ from other individuals or institutions
- I am a Division Chief

WVU Medicine

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## WHAT is MISSING/LOST in the CONVERSATION???




WVU Medicine

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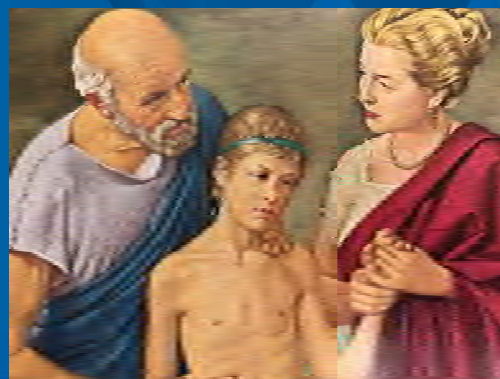
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WVU Medicine

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## HIPPOCRATIC OATH

- I swear to fulfill, to the best of my ability and judgment, this covenant.
- I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.
- I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.
- I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.
- I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.
- I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.
- I will remember that I do not treat a fever chart, a cancerous growth, or a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.
- I will prevent disease whenever I can, for prevention is preferable to cure.
- I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.
- If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

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## THE PHYSICIAN'S OATH

- I solemnly pledge myself to consecrate my life to the service of humanity;
- I will give to my teachers the respect and gratitude which is their due;
- I will practice my profession with conscience and dignity;
- The health of my patient will be my first consideration;
- I will respect the secrets which are confided in me;
- I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;
- My colleagues will be my brothers and sisters;
- I will not permit considerations of religion, nationality, race, gender, politics, socioeconomic standing, or sexual orientation to intervene between my duty and my patient;
- I will maintain the utmost respect for human life; even under threat, I will not use my medical knowledge contrary to the laws of humanity;
- I make these promises solemnly, freely and upon my honour.



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## VOCATION Vs JOB



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## WHO ARE YOUR PATIENTS??



COMMUNITY

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## SERVING YOUR PATIENTS

- **GOOD DIVISION**

- Knows the Needs of the Patients
- Aligns those Needs with Division Purpose/Mission
- Selects Faculty who align



- **WEAK DIVISION**

- Filling slots to fill slots
- Cookie Cutter positions
- Does not have Purpose or Mission



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## WHAT IS THE DIVISION MISSION?

- **Essence of Everything**

- Determines Resources, Priorities, Time, Value



- **Every Division has a Mission**

- May not be Written
- Clinical, Teaching, Education, Research, Service
- You should know what this is for your Division or potential Division

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## PRIMER for NEW FACULTY

- What does the person bring to the table?
- What are the division needs at this time?
  - Do those things align???



- **Finding "Fit"**

- Faculty Individual Values and Division Culture
- This matters more than you think

- **WILSON RULE 1: IT'S ALL ABOUT RELATIONSHIPS**



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## WHAT SHOULD THE INDIVIDUAL DO?

### 1. Know Yourself: Honest Assessment

- Strengths + Weaknesses
- Motivators + What Does Not Motivate You
- Values
- Purpose + Aspirations
- Review Regularly – Things often Change



### 2. Does Your Division Chief Know This ?




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## CHECKING ALIGNMENT

### DIVISION

- For Profit Level II
- Group Covers Trauma + Each has Big Elective Practice
- High Volume
- TMD only involved in Professional Organizations
- Big Salaries/Bonus

### INDIVIDUAL

- Wants to Do Trauma/Acute Care
- Doesn't Enjoy Elective
- Wants to Do Research
- Requesting Protected Time




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## ADVOCATING

### CLINICAL + 1

#### WHAT IS YOUR PLUS 1 ???



Do Others Know This ??  
Have You Done Something w It ??  
What is Your Product ???




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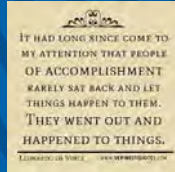
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## SAME FOR DIVISION

- What is the Division Known for ??
  - Reputation
- What is the "Elevator Speech" ??
  - What is Leadership Proud of
- What is Being Asked ??
  - Direction of the SOM, Institution, System



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## MANAGING EXPECTATIONS

- Division Chief
  - What Is Absolute
  - What Has Latitude
  - What Are the Expectations
  - Executing a Plan
  - Clarity in Needs
- Individual
  - Do You Know the "Rules"
  - What Do You Do w/ Latitude
  - How Do You Bring Awareness to What You are Doing
  - Do You Step Forward



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## PLAYING the STRENGTHS of the INDIVIDUAL

- IDEA PERSON
- PEOPLE PERSON
- TASK MASTER
- CUT THE CRAP



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## IDEA PERSON

### TRAITS

- Thinks Outside the Box
- New Way to Look at Things
- Energetic
- Can Facilitate Change
- May Not Be a "Closer"
- May Push Back on Policies
  - May Limit Certain Roles

### OPPORTUNITIES

- Design/Start Up New Program
- Refresh Existing Programs
- Pair w/ Task Master
- Chief: Set Deliverables
  - What Does Success/Completion Look Like



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## PEOPLE PERSON

### TRAITS

- In Tune w Others
- Team Player
- Will Want to Support Others
- Good at Listening
- Will Know Status of Entire Team
- May Not Take a Stand
- May Get Distracted

### OPPORTUNITIES

- Assessment of Program
- Balance on Committee
- Will "hear" Different Views
- Can Temper Views, Help w Compromise



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## TASK MASTER

### TRAITS

- Great Planner
- Executes Tasks
- Builds Timelines
- Methodical/Closer
- Embraces Details
- May Get Boggled Down
- May Take a Long, Long Time

### OPPORTUNITIES

- Execute a Plan
- Closer
- Build and Carry Out Programs
- Jobs w Details – TMD
- Chief: Clarify Timeline and Wins



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## CUT the CRAP

### TRAITS

- Often Direct Communicator
- Can "Hold the Line"
- Real Issue vs "Feelings"
- Will Say What Others Think but Fear to Say
- Bold
- Can Be Reactive, Emotional

### OPPORTUNITIES

- Things that Cannot Be Compromised
- Projects that Need a Compressed Timeline
- Programs/Issues that Need Challenged
- Chief: May need to help Temper Emotion



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## BALANCING A FRAGILE ECOSYSTEM



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## SUCCESS

### INDIVIDUAL

- What Are Your Main Traits
- How Do You Express That
- Do You Step Forward
- Do You Match Up W Division Needs



### DIVISION CHIEF

- Know Your People
- Be an Example
- Communicate Vision
- Play Their Strengths
- Advertise Successes
- Look for Opportunities
- Honest Feedback
  - Good and Bad

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## WHAT IF YOU ARE FEELING OVERLOOKED ??

### • 1. LOOK AROUND

- What Have You Done/Completed??
- Do You Step Forward ??
- Where Is the Division Going??
- Are You A Good Fit for the Opportunities Offered?
- Who Is Getting the Opportunities ??



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## WHAT YOU SHOULD DO ??

- Take an Inventory of You and Your Accomplishments
- Have You Been Clear in Your Aspirations
- Have You Completed Things You Were Entrusted With
- Go Meet w Division Chief



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## THE MEETING

### • INDIVIDUAL

- Be Clear
  - Accomplishments
  - Desires
  - Concerns
- Be Able To Listen
  - May Have Bigger Plans for You
  - May Not Have Performed
  - May Need Different Personality for that Job



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## THE MEETING

### DIVISION CHIEF

- Be Clear
  - What Was the Fit
  - What Are Other Opportunities
  - Why They Were Not Selected
- Be Able To Listen
  - Share Vision
  - Work an Opportunity for Them
  - Set Expectations



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## BE HUMBLE and KIND



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