

The trauma surgeon: A career of purpose and value



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ABSTRACT: Hereinafter is the article for the 2021 Eastern Association for the Surgery of Trauma presidential address, which was delivered in a virtual format. It is my hope that I have served Eastern Association for the Surgery of Trauma well through the years, and I have no doubt that this organization will continue its great path under the leadership of President Jeff Claridge, a true leader of character and value for whom I have great respect. It has truly been an honor and a privilege to serve this great beloved organization. Hopefully, this address brings word of inspiration, value, and encouragement to those who serve so selflessly every day as members of our respective trauma teams. (*J Trauma Acute Care Surg.* 2021;91: 1–5. Copyright © 2021 Wolters Kluwer Health, Inc. All rights reserved.)

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Friends, colleagues, and fellow members of EAST, Believe it or not, I began preparing this presidential address near the end of my term as president-elect. During my first few months in this role, every past president of Eastern Association for the Surgery of Trauma (EAST) whom I encountered would always ask, “Have you started thinking about your presidential address and what is going to be about? You will not believe how it will sneak up on you and you should start it now.” At first, I shrugged it off a little believing they were joking. It was not until I ran into past president, Kim Davis, who once again posed this question and in her most sincere tone said, “You need to start now.” So, heeding the advice of my predecessors, I began reflecting and taking notes during my daily walks diligently shaping my message. I would be ready. However, as 2020 ensued, the tone changed, I changed, and the message changed. In full disclosure, as I began writing this address, I was already a day past the submission date for my presentation to be uploaded. I could not find the motivation to address the membership in the way that our members and the trauma community deserved. Quite frankly, after a year of social isolation, online meetings, media reports that would give reality television a run for its money, and monthly record-setting trauma volumes,

I was physically and emotionally exhausted. Like many of you and the rest of the world, I needed to see hope. In short, I had lost my vision. Hope can come in many forms. Often, it does not even need to solve everything. It just needs to give us a chance, an opportunity to see a brighter future, and an opportunity to know that the sun will rise again tomorrow and to know that it will once again rise in the EAST. Know that, even in the darkest times, it will. Tomorrow will come, and we will all be stronger because of the challenges we have endured and overcome in the preceding days. This will not be your usual presidential address, and if you were hoping for something more academic, not this year, not after 2020. Like a great mentor, I may not always tell you what you want to hear, but I hope that, during our time together today, I accomplish my goal of telling many of you what you need to hear—a message of hope during our most trying time.

Let me begin by saying what a true honor it has been to serve this great organization not only as your president but for these many years as a committee member, ad hoc chair, committee chair, treasurer, and board member. The Eastern Association for the Surgery of Trauma is an organization unlike any other. For many, it is our home away from home; it represents our family that truly understands us and our friends who serve alongside us. The EAST represents an organization of members who are willing to give more of themselves than they ever thought possible. The EAST offers that personal connection that we all so desperately need even before the year that will forever simply be remembered as “2020.” Despite the many, sometimes overwhelming, challenges presented during this year, this organization adjusted, evolved, and pressed forward. As a leader, we must be unconditionally dedicated to the mission and vision and beholden to the

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organization entrusted to our leadership. We should always strive for success in an effort to leave the organization stronger than when we ascended to leadership, as that represents a president's ultimate contribution and legacy to any organization.

As you read through this address, know that it will be anything but traditional. This address is not meant to be academic as we traditionally define the term. However, education comes in many forms. My time with you today is not about what we can all read in books, and I sincerely doubt that it will specifically motivate you to go out and write that next paper. Hopefully though, these words will communicate and reinforce the *why* in what we do every single day in this great profession of healing. Quite frankly, this may not be what you want to hear, but I can promise that it will be what many of you need to hear.

First, we must have faith in something greater than ourselves. While the sacrifices are innumerable, each of us has been gifted with the ability to heal and the ability to comfort patients and their families during their greatest moments of weakness. We are all strong, we are all overachievers, and the sacrifices that we have made to get here are innumerable. Eventually, we all experience moments of weakness and we all break. For years, our training taught us not to show signs of weakness and to never bleed because we all know that there are sharks swimming in the water.

Many of you who know me have long since realized that I am an avid sports fan. I enjoy the competition and the pursuit of excellence. I enjoy witnessing the growth and development of a team. A strong team allows for synergies in the pursuit of a common goal. It allows us to realize achievements beyond what any of us could accomplish individually. Ironically, one of the greatest lessons in sports comes in losing as failure to achieve teaches us the cost of defeat. If any of you know baseball, you will know that it is often labeled as a "game of failure" because players will get out more than they will succeed at the plate. The best major league baseball career batting average in history was posted by Ty Cobb at .366. Even Babe Ruth, "The Sultan of Swat," considered as the greatest player of all time posted a .342 lifetime average.¹ Like the sport of baseball, as physicians, we often measure ourselves by our failures rather than by our successes. Given our intense strive for perfection, it is never good enough to lose just one life or to incur one potentially preventable complication. That is why we constantly assess quality, which is something that trauma has been ahead of the curve on for years through our registries, systems development, and guidelines. Most of us participate in the Trauma Quality Improvement Program. The Eastern Association for the Surgery of Trauma has long been known for its practice management guidelines with exceptional leadership by those such as Past-President Haut, Dr. John Como, and Dr. Nicole Fox. Under the leadership of Past-President Crookes, EAST established the Quality, Safety, and Outcomes Committee, which has thrived in its collaborative efforts under its initial chair, Dr. Jose Pascual. This year, EAST established the Core Outcome Sets in Trauma and Emergency General Surgery Ad Hoc Task Force led by Dr. Dante Yeh. These efforts specifically align with EAST's vision to "improve care of the injured by providing a forum for the exchange of knowledge in the practice of trauma surgery."² In further pursuit of quality efforts, EAST established the Rural Trauma Ad Hoc Task Force under the leadership of Dr. Alexandra

Briggs to foster connections between level I and level II trauma centers and those that serve rural trauma patients in efforts to improve trauma systems design. These are just a few of the team efforts that your organization has taken to advance quality of care for the patients we serve in the trauma community.

However, what about our personal perceptions of quality and those moments in patient care when we begin to question ourselves and our abilities? Eventually, it will hit us all. So, back to sports, baseball sayings can teach us several life lessons. From a personal perspective, forget it! Initially, if you know little about baseball, this saying can be easily misconstrued. How can I just "forget it," especially if I think that I made a mistake? This saying should not be misinterpreted as "ignore it" because it does not matter, but quite the opposite. This saying focuses on the "E," which stands for error, and we must acknowledge that sometimes this error will ultimately cost a team the game. However, this saying is almost always followed by the saying, "next play." The past is gone, and we can only learn from it. If a player dwells on the last play, then that distracts a teammate from the ability to focus and make the next play potentially leading to another error and ultimately digging ourselves and our team into a deeper hole. We must learn from our mistakes and from our losses and become even better because of them. We must replay the games in our head not to dwell upon them but to improve from them. In trauma, the plays will keep coming. There will be many more opportunities, and we must view these as opportunities for redemption and not as opportunities for future failure. Remember, we are all part of a team and our team needs us even during our darkest hours. When we struggle, they will be there for us, they will support us, and they will keep fighting alongside us.

"WHEN LIFE GIVES YOU BAD HOPS, MAKE GREAT PLAYS"

"It ain't over till it's over." American baseball legend Yogi Berra first uttered the phrase about baseball's 1973 National League pennant race trailing the Red Sox by 14 games in the AL East in mid-July. That year, the Yankees would rally to win the division title.³ You see, baseball is a game without a clock, a game in which there is always hope, no matter the situation, no matter the score, no matter how bleak the outlook, because you are still alive until the 27th out. Although we encountered a lot of bad hops this year, healthcare providers, and trauma and critical care surgeons and providers kept playing through adversity. We kept stepping up to the plate and we kept swinging. We are still playing, still scrapping, and still fighting for the win. As alluded to earlier, I attended the University of Virginia for undergrad, and the Cavaliers just happen to be the reigning NCAA Basketball Champions. In the Elite 8 against Purdue, they trailed by 3 points with 5.9 seconds left. They would force overtime and earn a trip to the Final Four. In the semifinals against Auburn, they trailed by 2 points with 1.5 seconds remaining. They found a miracle, an opportunity through a last second foul, and would win by 1. When the national championship was on the line, they trailed by 3 points with under 15 seconds remaining. Yet again, as a team, they kept coming. They would force overtime and eventually defeat Texas Tech for the 2019 NCAA Division I College Basketball title. What was remarkable is that the team kept finding a way to win despite the odds. Furthermore, in each

of these instances, it was a different player who contributed, a different person stepped up when they were needed most. As a team, they kept coming, they kept scrapping, and the team found a way to win together. They hoisted the most coveted trophy in basketball. The lives that we save daily—those are the trophies most coveted by the communities which we serve. For our patients and for our respective teams, we will never give up.

For those medical students, residents, fellows, and other early career providers who may be reading this today, this next section is for you. Success, overcoming adversity, winning, performing under the direst of circumstances—while this may occur during any given moment, victory does not just come to us *during* that moment. I will call these moments of greatness if you will. These moments are only made possible through mental preparation, sacrifice, dedication, and practice. “Do not practice until you get it right. Practice until you cannot get it wrong.” Every step along the way is preparing you for the big game, for the performance, and for the lifesaving opportunities that ultimately benefit the patients, families, and communities that we serve. Push yourself every single day to be even a little better than yourself the day before. Be ready for *those* moments. “Practice like you have never won, but perform like you have never lost.” These were some of the lessons that I learned during my training under the tutelage of some of the giants in the long tradition of surgery at the University of Louisville: Dr. Hiram Polk, Dr. J. David Richardson, Dr. Kelly McMasters, and Dr. Mary Fallat. I was fortunate enough to be in attendance when Dr. Fallat received the Pediatric Trauma Society Lifetime Achievement Award. Her acceptance speech message rings true for everyone at every stage of your career. When asked about her accomplishments and the path to get there, her message was direct and ever so true: (1) show up, (2) get involved, (3) shout out to EMS (appreciate the efforts of others), and (4) rise to the occasion. Greatness exists in each of us. We just need sometime to see it.

That brings me to my next point. As surgeons and other trauma care providers, most of us are achievement driven. We strive for and celebrate the successes but are often crushed by the losses and perceived failures. Instead, I offer this insight as stated by Albert Einstein, “Try not to become a (person) of success, but rather try to become a (person) of value.”²⁴ Love what you do and do it with a passion. Make a difference in the world. With regard to EAST, join committees and make a difference. The mission of EAST is as follows: “EAST is a scientific organization providing leadership and development for young surgeons active in the care of the injured patient through interdisciplinary collaboration, scholarship, and fellowship.” Its value is clearly stated in its vision: “EAST seeks to improve care of the injured by providing a forum for the exchange of knowledge in the practice of trauma surgery; to promote trauma prevention, research, and improved trauma systems design; to encourage investigation and teaching of the methods of preventing and treating trauma; and to stimulate future generations of surgeons to meet the challenge.”²² Members, colleagues, and friends, this is our value through initiatives such as EAST Practice Management Guidelines, the work of our committees, and collaborations with partners such as the Society of Trauma Nurses, the Pediatric Trauma Society, the Western Trauma Society, the American Association for the Surgery of Trauma, Trauma Centers Association of America, and American College of Surgeons Committee on Trauma among others. Our

value ultimately lies in the daily pursuit of improving care for the injured patient by improving the trauma systems that we support and anchor to provide care for our respective communities.

Unfortunately, 2020 was an exceptionally tough year for most healthcare workers. Let us face it, our profession is not exactly easy at baseline. The life of a trauma critical care surgeon brings mental, physical, and emotional challenges every time we breach the threshold of our respective hospital doors. We exist during an era when physicians are profiled according to our production in the form of work relative value units and reimbursements while we hold ourselves to the highest quality standards often pressing forward in the face of resource limitations. We are expected and often told to do more with less. At times, it seems as though everyone is questioning our value. If you listen long enough, you may even begin to question your own value. As surgeons, we are wired to assess our mistakes and shortcomings so that we may learn from them, so that we may correct them, and so that we will never let them happen again. We focus on and learn from our failures. However, we sometimes lose sense of our value. We begin to question ourselves and the “why am I here?” arises once again. What if I had chosen another career? Why did I take this path? I am here to tell each and every one of you that you matter more to your patients, families, and communities than you will ever know. As you may or may not have heard during my introduction, medicine was never a consideration for me growing up. I was planning to attend law school, but it did not speak to me. It did not call me. I enjoyed math and science and decided to pursue a premedical curriculum at the University of Virginia, volunteered in the operating rooms, and saw the opportunity to save lives and to make an immediate impact. Given this choice and an upbringing that pushed me to be the best I could be, I chose a career in trauma and critical care. You see, it was not the TV shows. It was not adrenaline. It was the opportunity to use a gift to potentially save a life. When I chose this path, I told myself that, if I was going into medicine, then I would seek to make the greatest impact that I possibly could through achieving the greatest limits that I could physically and emotionally endure for the greater good. You see, the gift was not mine, it had been given to me and it was my job to use it to the absolute best of my ability for the greater good.

So, what is the value of a single trauma surgeon? About two and a half years ago, I chose once again to further my education and pursue my MBA. Through these studies, I encountered what I now consider to be the best definition of value, which encompasses many facets. You see, value is not just about the monetary value of dollars and cents. In fact, while it is one of the four parts of the value definition, I propose that this contribution represents the least of our value despite our ability to generate tremendous downstream revenue for our centers. Functional value encompasses what a product or a surgeon actually does: at our core, we save and improve lives. Social value allows a product to connect with its consumers: our patients. Psychological value allows consumers to feel better about themselves: to feel more confident. I would propose to you that trauma critical care surgeons add unparalleled value not only to their hospital systems but also to their communities at large. This gets back to the *why*, which represents the burning question that we sometimes encounter during our darkest hours, when we are beaten and broken, and when we are searching for the will to keep

fighting and pushing forward. I am here today to tell you that one person and even a single decision can make a difference beyond what we could ever imagine in the moment. I joined the faculty of the F.H. “Sammy” Ross, Jr. Trauma at Carolinas Medical Center, now Atrium Health, in July of 2006. I have gone to work day after day, incurred beating after beating, and honestly missed more things with my family and friends than I would ever care to admit. Fortunately, we have a strong family, and this next section is a tribute to them as well. So, once again, what difference can a single trauma surgeon make. Just as we saw the pandemic spread, I would challenge you to consider a similar spread, the positive effect that we have in caring for or saving one patient, two patients, or four patients. All too often, we fail to recognize the compounding difference that we make to them, their families, and to the communities we serve. Honestly, given the difficulties of 2020, I broke several times and even asked myself, what is my value? I flashed back to a conversation that I had with a few of my neighbors and close friends a few years ago. I was postcall with no sleep following a very busy call night. While we were talking, they asked the usual question, “Did you save any lives last night?” Usually, I would just laugh, shrug it off, and carry on with the evening. However, this night was different. I began to go through each admission, each operation, and each family conversation in my head: 20 trauma admissions, 2 trauma ex laps, 1 emergency department thoracotomy, 1 emergency general surgery ex lap, 8 admissions to the trauma intensive care unit (ICU), and an additional 4 surgical critical care consults. They could see I was thinking. My response, “Thirteen...and one I could not save.” They were astounded because they truly, through no fault of their own, had no idea. That moment has stuck with me for years. In that moment, I realized my value, the gift that is so great yet so few of us possess. Most run from sickness but we run toward it. Do not ever forget, we make a difference and we add value, every single day.

What is the difference that a single individual can make? This table represents injured patients admitted by a single trauma surgeon from 2008 to 2020 obtained from a local trauma registry at a regional level I trauma center. These represent personal patient encounters with the best data available for analysis. This dataset is certainly not all of them, so we will call this a conservative estimate. Adult trauma code 1’s depict the most critically injured patients who would most likely require an immediate intervention. These are the patients who our trauma systems require a surgeon presence at bedside within 15 minutes. However,

TABLE1. Single Trauma/Critical Care Surgeon Patient Encounters 2008 to 2020

Activation Level	2008–2020	Average/Year
ATC 1	1,269	100
ATC 2	1,363	107
Alert	718	56
ED Disposition	2008–2020	Average/Year
ED to ICU	1,339	105
ED to OR	424	33
Potential lives saved	1,763	138

ATC, adult trauma code; ED, emergency department; OR, operating room.

TABLE2. Level I Trauma Center Patient Encounters 2006 to 2020

Activation Level	2006–2020	Average/Year
ATC 1	15,676	1,082
ATC 2	16,318	1,092
Alert	31,891	2,292
ED Disposition	2006–2020	Average/Year
ED to ICU	17,726	1,233
ED to OR	8,572	566
Potential lives saved	26,298	1,783

ATC, adult trauma code; ED, emergency department; OR, operating room.

this does not tell the full story. The next table shows the disposition of these patients after arrival. As you can see, 1,339 were admitted directly to the ICU, and 424 were taken directly to the operating room for intervention. If we allow these numbers to act as rough surrogates for potential lives saved through the utilization of our skillsets and direct intervention, I might convince myself that this trauma surgeon impacted, potentially saved, 1,763 lives from 2008 to September of 2020 representing an average of nearly 140 lives per year. This surgeon is me and Table 1 depicts my numbers. I would like to think that this is my contribution. This is a representation of my value to our profession, the value to our patients, the value to their families, and the value to the communities that I serve. If we expand these numbers to evaluate a single practice from 2006 to September 2020, we see more than 69,000 admissions. With 15,676 being highest level activations. Once again, if we look at ICU admissions or patients taken directly to the operating room for immediate intervention, we see 17,726 and 8,572, respectively, during this timeframe. During my career at Carolinas Medical Center, one could argue that our trauma team has saved an estimated 26,298 lives before even considering our contributions to surgical critical care or emergency general surgery (Table 2). Colleagues, we are an organization of more than 2,600 members. Let that sink in and consider the benefit that your practice and you bring to your respective community. We have been blessed with the ability, the training, and the *calling* to serve others in their greatest moments of weakness. We have a part in making sure that the light continues to shine even in moments of despair.

We cannot just excel clinically. That is not where it ends. Our patients need more from us, especially during these most trying times. This brings me to my next point. Always strive for more. Strive to be the absolute best you can be and always do what you believe to be right for your patients. Be willing to stick your neck out for justice. This is a lesson that I learned in my training and will stand by for as long as I last in this career. We are not just clinicians; we are patient advocates. Locally, have a 30-second elevator speech on hand. You never know when you may find yourself in an elevator with an administrator who can assist your cause. Be willing to advocate and to actually *get involved*. Many have heard me say that, at some point, we must decide whether we are going to watch the game as a fan or enter the game as a player. Fans cheer and boo. They are noise in the players’ head. Players make a difference on the field. Players decide the game. I would encourage each of you to get in the legislative game and do not be afraid to advocate for our

trauma systems and the patients we serve. To be the highest cause of mortality for all individuals under the age of 45 years, trauma is certainly the most underfunded. Many of us scrap to either create or to keep our state trauma systems going. This must change. We have gotten very good at managing patient care and assessing quality within our hospital walls, but now we need to expand our efforts well beyond that. We always talk about trauma systems, but few of us truly understand what that means. It is long overdue for us to collaborate and move forward on a fully united front. While these initiatives have certainly come a long way over the last 5 to 10 years through initiatives such as the Coalition for National Trauma Research and the Trauma Prevention Coalition, there is much work yet to be done. We must continue efforts to make the entire discipline stronger together. We must finally truly unite and leverage the strengths of our participating organizations. We must finally truly acknowledge that "They are we." Let that sink in for a second.

"LIVE LIFE LIKE A 3-1 COUNT"

On a personal note, 2020 has taught us many lessons, and I am not even going to dive into politics, healthcare system inadequacies, and just overall hardships endured by everyone over the last 12 months. For many, this year made us once again appreciate the simple things. 2020 has been the big "reset button." This gets me to yet another baseball expression, "Live life like a 3-1 count." This refers to a batter facing the next pitch with the count of three balls and one strike. If the count is 3-0, the batter takes the pitch knowing that, if the pitcher throws a strike, he/she will get two more looks. A batter with a 3-2 count must become defensive and protect. Just put the ball in play if it is a strike. But, you see, a batter with a 3-1 count has nothing to lose. If they swing and miss, then they have another pitch. This is where we swing for the fences; apply this to your personal life. Recognize the opportunities and take your best hack! Many have heard me often say, "Work hard and play harder." Our jobs present the highest degree of stress almost every single day. Enjoy your time away with those you love and enjoy it with passion.

As many of you know, I am also not afraid to call out flaws in the system and even outright punch the elephant in the room when needed. For many healthcare providers, that elephant has become physician burnout and other mental health disorders. The mental wellness of providers has been ignored for far too long, especially for those who practice, those who internally suffer, day after day in the midst of death and violence while constantly addressing capacity and resource limitations. Unfortunately, healthcare systems have shuffled mental health issues and prevention measures to the backburner for way too long. As providers, how do we ask for personal assistance when we cannot even get these precious resources for our own patients because of availability,

funding, or other obstacles? The healthcare system must do better and invest in its providers. We cannot continue with a healthcare system that expects unconditional loyalty and sacrifice from its providers without offering the same in return.

Finally, know yourself; know your priorities and adhere to them. For myself, I have three primary anchors: faith, family and friends, and work. Keep your priorities and maintain them in that order, because these provide stability when nothing else will. While we are truly wedded to this career, do not allow it to supersede those priorities above it. Nobody will ever die wishing they had gone into the office for just one more day. However, they will wish they had spent that extra time with a family member, friend, or loved one. This has been my greatest weakness, but at least I have learned this lesson and made many improvements throughout the years. For our newer members or those just starting to get involved in this great organization, know that EAST is family. We pride ourselves in being an organization of inclusivity and sometimes a home for those who do not otherwise have a home. We pride ourselves in that simple word contained within our mission statement, "fellowship." The youth of our organization is our greatest strength. It is what drives us to continuously evolve and press forward even during the most trying times. It is what prevents us from ever accepting the status quo. It is what drives EAST to flourish and to continuously attract new members. It is the core of EAST's collaboration, scholarship, and fellowship. For many of us, EAST is *family*, and we will always be here for one another even during the most difficult times.

It is my hope that I have served EAST well through the years, and I have no doubt that this organization will continue its great path under the leadership of President Jeff Claridge, a true leader of character and value for whom I have great respect. It has truly been an honor and a privilege to serve this great beloved organization.

Thank you,

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