

Looking after your Division / Department

BRENDON STILES, MD

**PROFESSOR, CHIEF OF THORACIC SURGERY AND SURGICAL ONCOLOGY
MONTEFIORE HEALTH SYSTEM – ALBERT EINSTEIN COLLEGE OF MEDICINE**



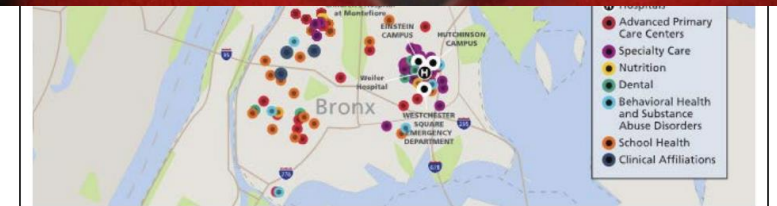
Consulting/advisory fees: AstraZeneca, Pfizer, Genentech, BMS, Galvanize Therapeutics, Flame Biosciences

Research support: BMS Foundation, BMS

Board: Lung Cancer Research Foundation (pharma funding)

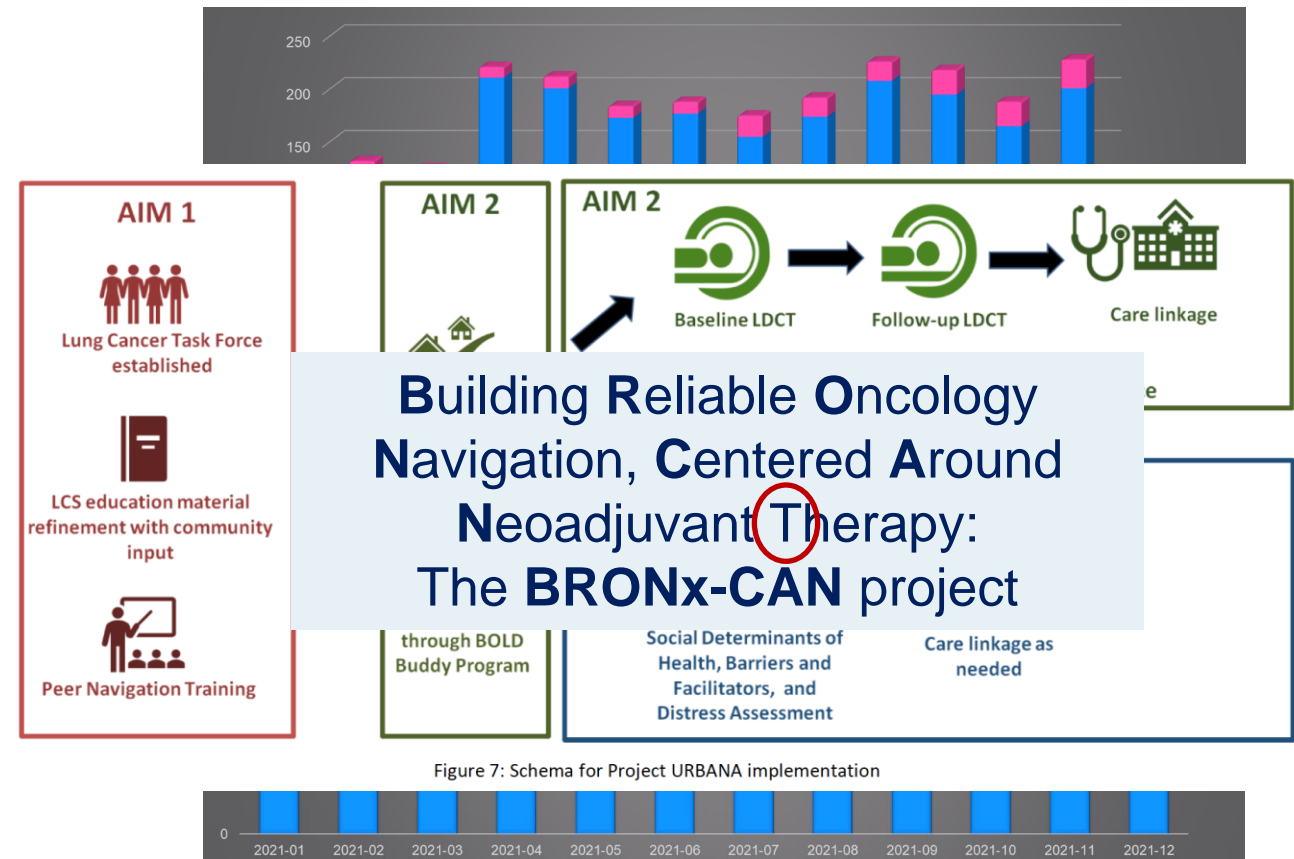
Create a team you *WANT* to look after: Make great hires and/or find talent that is already there

- Hire to build, rather than build to hire
- Know your geography and competition
 - Bronx: 1.4 million people
- Expand your view and opportunities
 - Network outreach
- Make partnerships at the top
 - These people may or may not understand thoracic surgery
- Resources depend upon local setting
 - Substitute “band” for “lead a thoracic program”
 - There is value in asking for resources, but **more** value in creating your own resources



Create your own resources from non-traditional venues

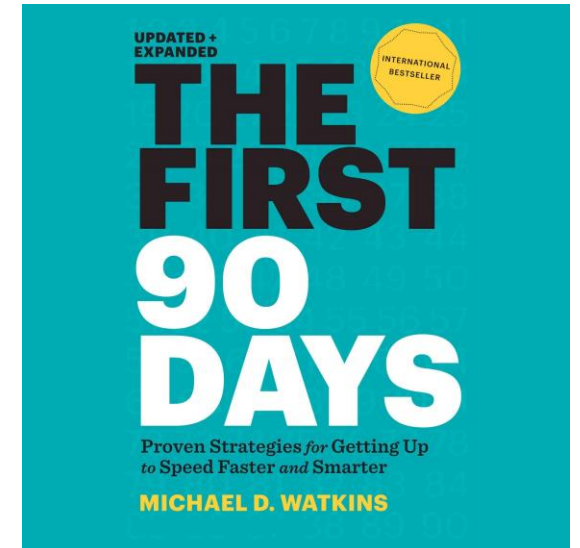
- Lung cancer screening
- Project URBANA
 - BMS Foundation
 - In partnership with Lungevity
- High risk lung nodule clinic
 - Funded in part through Lungevity
 - Philips Orchestrator: Pilot site
- Project BRONx-CAN
 - ACS Navigation grant
- Clinical trial support
 - BMS
 - Leads to translational grant proposals



Back to the team:

Recognize that everyone contributes differently

- Assess needs
 - Clinical volume
 - Specific clinical niches
 - Research output
 - Education
 - Outside hospital coverage
- Allow room for individual preferences and growth
 - Individual goals may change
 - Give each faculty member a chance to succeed on multiple fronts
 - Get early wins and then celebrate those wins
- Ask for advice



"Little things" make big differences (in other words, remember what annoyed you before you were in charge...)

- Breaks/vacations/family time
- Equitable call schedule and hospital coverage
- Access to OR time and to meaningful operative cases
- Roles and titles
- Give credit



Set expectations and define roles



Neel Chudgar, MD
Assistant Professor
Associate Director of Clinical and
Translational Research
Division of Thoracic Surgery

Marc Vimolratana, MD
Assistant Professor
Associate Director of
Quality and Education
Division of Thoracic Surgery

The budding academic superstar

- Carve out protected time and apply for grants early
- Find opportunities for academic growth
 - AATS Thoracic ESLC
 - Lungevity
 - EGFR Resisters
- Just reading and redlining your mentee's grant proposal is not enough
 - Share ideas and hypotheses
 - Develop and/or write content
- Provide mentors outside of CT Surgery
- Establish and help develop a team and create research leadership opportunities
- Ideally, academic projects can feed clinical volume and build reputation
- ***Assure clinical volume and quality aren't forgotten***



LUNGevity/Janssen R&D
Health Equity and
Inclusiveness
Investigator Award:
*“Investigating incidental
pulmonary nodules in
underserved communities”*

Enable faculty to stand out on a bigger stage

Commentary: Adjuvant therapy in resected T1 2N0 non-small cell lung cancer: Surgeons should lead

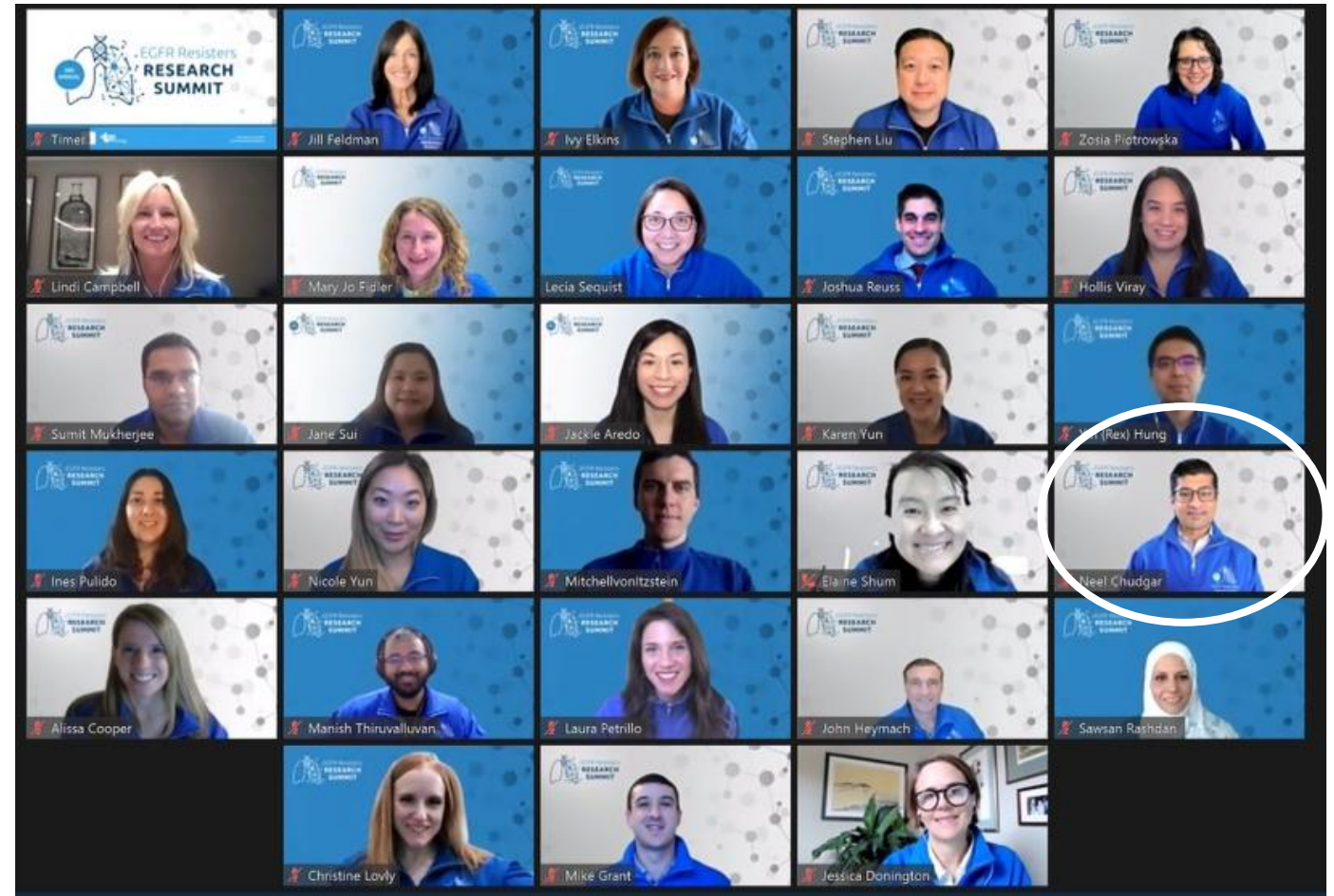
Neel P. Chudgar, MD, and Brendon M. Stiles, MD

Thinking outside the box for locally advanced stage IIIB EGFR mutated lung cancer: a case report

NEEL CHUDGAR, M.D.
ASSISTANT PROFESSOR OF CARDIOTHORACIC AND VASCULAR SURGERY
MONTEFIORE EINSTEIN CANCER CENTER



Montefiore Einstein Cancer Center
Montefiore
EINSTEIN
Albert Einstein College of Medicine



The budding clinical workhorse

- Carve out OR time and start fast (4 months: 24 anatomic lung cancer resections, 20 robotic cases)
- Find opportunities for clinical growth
 - Hospital outreach and talks
 - Network case conferences
- Encourage relationships with referring physicians
- Just turning a surgeon loose is not enough
 - Provide backup and guidance
 - Facilitate extra training
- Establish an OR team and support system
- Ideally, clinical interests can lead to academic projects
- ***Assure that the academic side is not forgotten***



Association of Community
Cancer Centers (ACCC):
Early-stage NSCLC MDT
Steering Committee

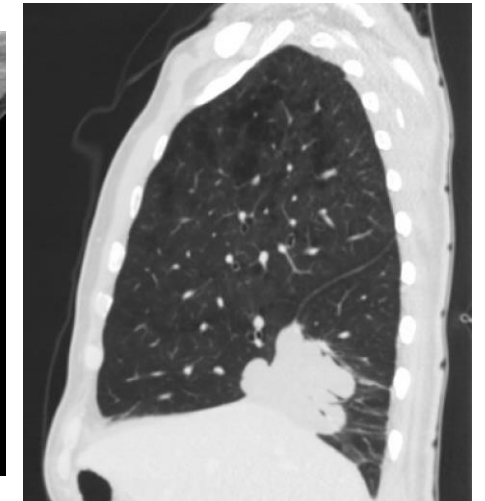
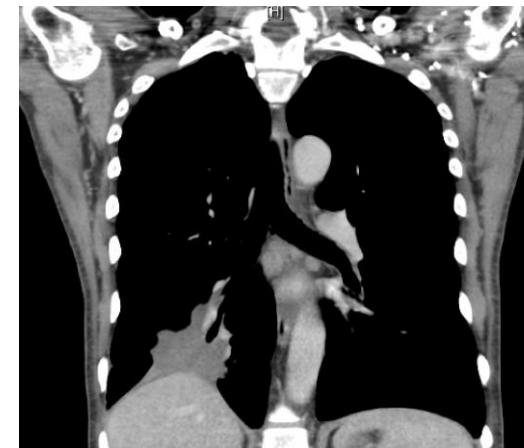
Enable faculty to do the tough cases

- 66 yo with 10cm RLL, cT4N0 adenocarcinoma
- KEYNOTE 671 induction chemo/IO
- Robotic RLL lobectomy with en bloc RML wedge and diaphragm resection
- Complete pathologic response

Pre



Post



The budding (but hidden) gem: Find the talent

- Mayuko Uehara, MD, PhD
 - Assistant Professor, Cardiac Surgery
 - Previous transplant/VAD fellow
 - One of the hardest clinical workers in the hospital
- But also...an exceptional research background
 - Research Fellowship at BWH in Transplant Immunology
 - 1st author papers in Scientific Reports, Nature Communications, Cell Reports, JCI, JCI Insight
- Overlapping research interests led to
 - Project: “*Inhibition of ART1-Induced Mono-ADP-Ribosylation to Prevent Myocardial Injury*”
 - TSF Nina Starr Braunwald Research Award
 - Partnership with Richard Kitsis and appointment in Wilf Family Cardiovascular Research Institute



Create a diverse workplace, reflective of the patients your institution serves

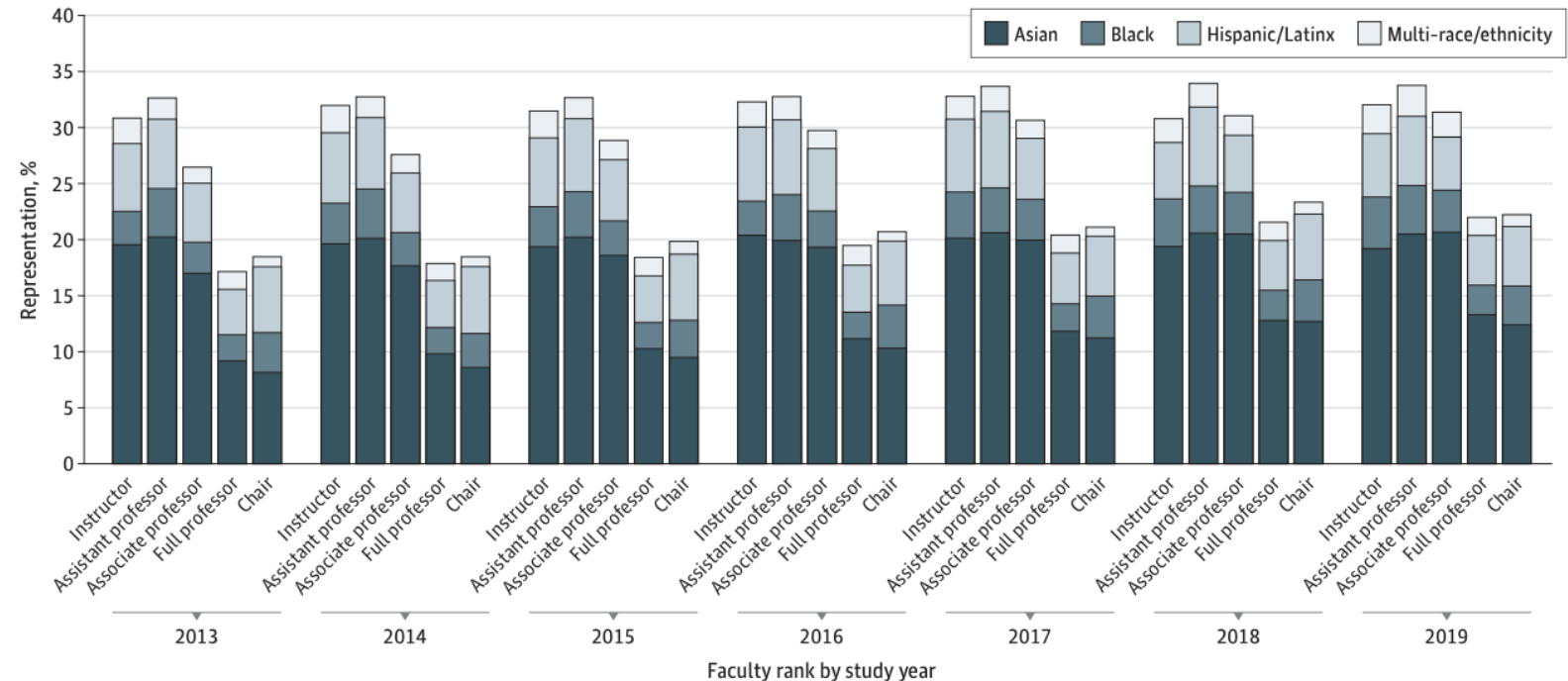
JAMA Surgery | Original Investigation

Diversification of Academic Surgery, Its Leadership, and the Importance of Intersectionality

Andrea N. Riner, MD, MPH; Kelly M. Herremans, MD; Daniel W. Neal, MS; Crystal Johnson-Mann, MD; Steven J. Hughes, MD; Kandace P. McGuire, MD; Gilbert R. Upchurch Jr, MD; Jose G. Trevino, MD

JAMA Surg. 2021;156(8):748-756. doi:10.1001/jamasurg.2021.1546
Published online May 5, 2021.

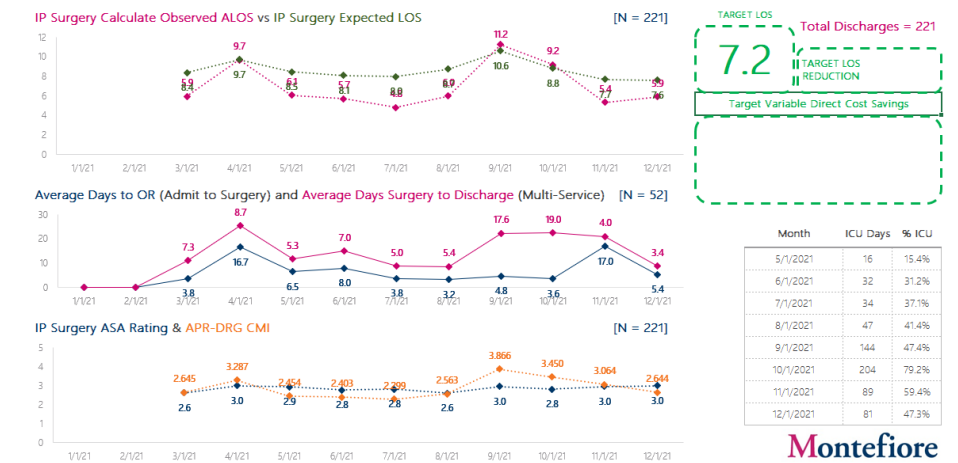
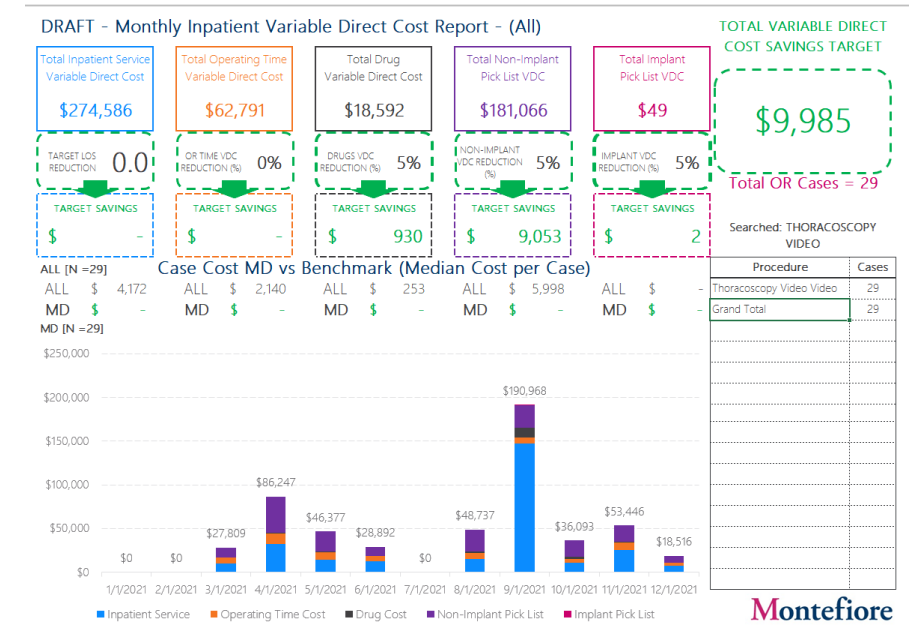
Figure 1. Representation of Non-White Surgical Faculty by Year



Overall representation of non-White surgical faculty has increased from 2013 to 2019 across all ranks. Non-White faculty represent a disproportionately low percentage of full professors and chairs compared with instructors and assistant and associate professors. Native Hawaiian/Pacific Islander, American Indian/Alaska Native, and other races/ethnicities were excluded from this Figure because their cumulative representation was less than 1%.

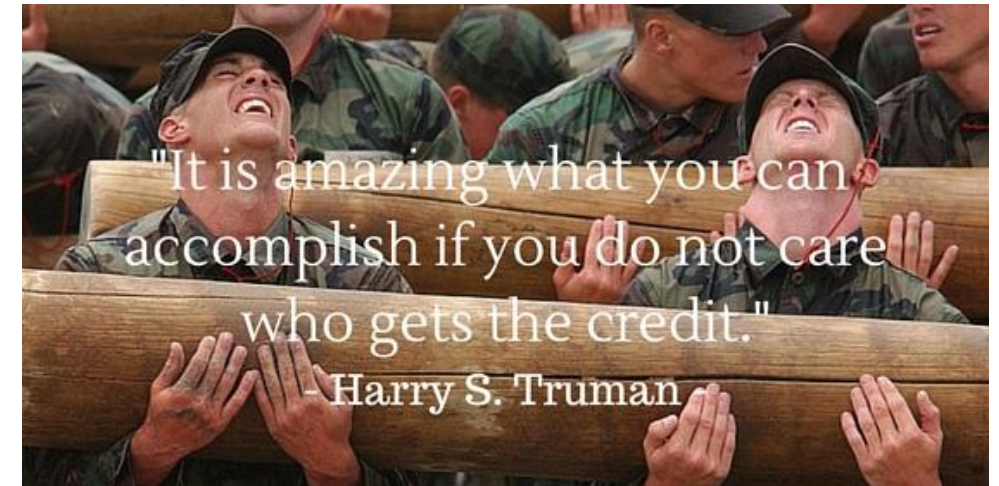
Share the goals, the metrics, and finances

- “Start with why” – Simon Sinek
- Set goals, but don’t rigidly tie compensation to individual goals
- Most dissatisfaction arises from lack of granularity
- Group performance metrics and compensation bonuses are generally preferable
- Routinely review performance dashboards, quality measures, and opportunities for improvement
 - Triple Aim Program: Aligning Hospital and Physician Incentives
- Consider sharing reimbursements for non-academic activity among division



Give credit and visibility

- Let them do some of the talking locally
 - Tumor boards
 - Hospital committees (TOT, Value, T32, Resident education)
 - Local outreach
- Get your team members on regional and national panels
- Celebrate the team's success
 - Hospital marketing / media
 - Social media



Take care of the support team and the residents

- Give NPs or other physician extenders real responsibilities and give them credit
- Ideally, provide administrative support for all faculty
- Don't forget how critical the residents are to the mission
 - Set and define high expectations
 - Tailor their training programs (to the best extent possible)
 - Ask about their lives and show them your own



Key take away messages

- Start by hiring the right team - pay attention to diversity
- Aggressively seek out resources
- Little things make big differences
- Tailor mentorship approach to individual faculty members
- Share goals, metrics, and finances with the team
- The more credit you give away, the more will come back to you



Montefiore



EINSTEIN

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