It is not a slide but it is a ladder

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This article by Dr. Cochran et al gives us additional information from 81 faculty and 94 residents who responded to an online survey, which was a modified version of the Career Barriers Inventory–Revised. There were some differences between groups (ie, residents vs faculty and male vs females), but the common perceived barrier was the lack of mentorship in all groups. Mentorship has been shown by many to be the key to help guide our trainees and young faculty through their career.

However, one size does not fit all. Not all residents or faculty are the same; differences can be because of sex but also can be because of background, career interest, personality, and aspirations. Not all of your residents or faculty may be suited to become a chair of surgery or a division chief. Some may aspire to lead a research laboratory, work in the dean’s office or become a dean, become the leader of safety and operations, run a company, or perhaps be the best clinical doctor you have in your department. These aspirations can change over time as they recognize where they are successful, which leads to happiness in their job and also may reflect changes in their personal life, which can influence their choices. As a leader, you must listen to their stories and help facilitate their journey down the path that they choose. The things you can do are to provide resources (eg, financial, human, and time) so they can get their work done and provide opportunities to present their work, participate in a committee, lead a committee or group, or even secure another job that is a promotion for them at another institution. Your success as a leader is their success and sometimes that means they leave.

The results of this survey still point out the specific issues that female residents and faculty face because of childbearing as well as a perception that there is differential treatment of women in the field of surgery. Whether it is just perceived or real, it is still an issue because there are so few women in leadership positions in surgery even though more women are being accepted into the field as residents and fellows and taking entry-level jobs as assistant professors. The stress and burnout seen in surgeons is real and has been documented by surveys performed by the American College of Surgeons. Additionally, both male and female residents have expectations of a balanced existence, and I do think that expectation is healthy and appropriate. Many of our colleagues have had difficulties along the way when training or beginning their academic career as a young faculty member and either quit or have issues with substance abuse, personality struggles, and personal failures such as divorce or other problems at home. Those work-home conflicts can affect choices our residents and faculty make, and we need to be aware of them.

As a leader, I am asked often how I was able to negotiate my way into such a position and what are the secrets and skills one needs to obtain a leadership position. My response is to tell the residents or young faculty members that first and foremost they need to be a very good doctor. They need to take good care of their patients and be an excellent technical surgeon. They also should be a great teacher in the operating room and the clinic; they should teach like they would want to be taught with patience and energy so that the trainees look forward to being with them during their training. As most of us know, teaching actually makes the teacher feel just as good as the student and reminds me every day why we went into academics in the first place. Second, one needs to lead with their science; young faculty members need to do their basic science, translational, or clinical research and submit their findings for presentation and write it up for

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publication. That is how one gets recognized—through continuous publication of good work. Then, you will be asked to give presentations such as grand rounds, participation on a panel, or a keynote speaker. Additionally, you will need to participate in your societies and attend the meetings, dinners, and activities so people know who you are.

There are barriers, perceived and real, to being successful in academic surgery. These barriers can be overcome with attention to issues by both the mentor and mentee through constant communication. The process of becoming a leader in academic surgery is not a slide, but it should be a ladder (not a mountain) helping those in the field obtain success in the area of their choosing. These successful people will be our new generation of surgeons who will be amazing clinicians, teachers, and researchers.

References