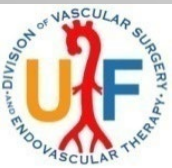




Why We Still Do This: Mentorship, Mastery, and Meaning

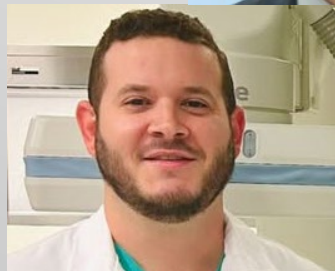
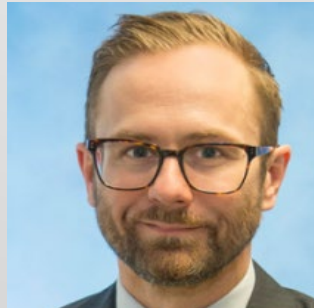
Salvatore T. Scali, MD
University of Florida, Gainesville



Disclosures

- No financial relationships
- I am not an expert on this topic and simply will be speaking from the heart about some things I think are very important.

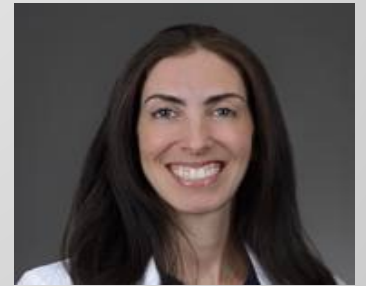
Thank you



Thank you



Thank you



Thank you

Ma Famiglia

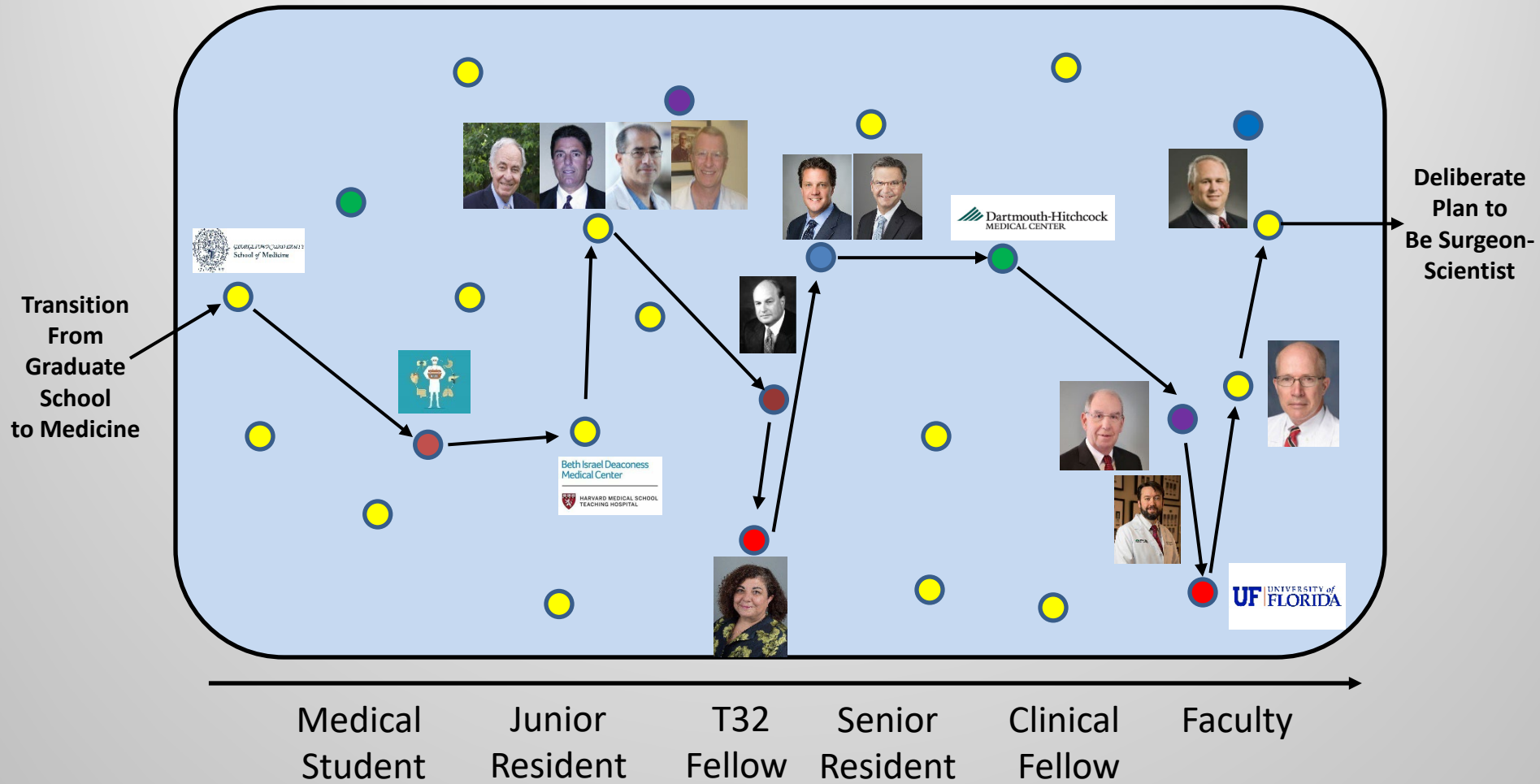


Who Am I To Talk?

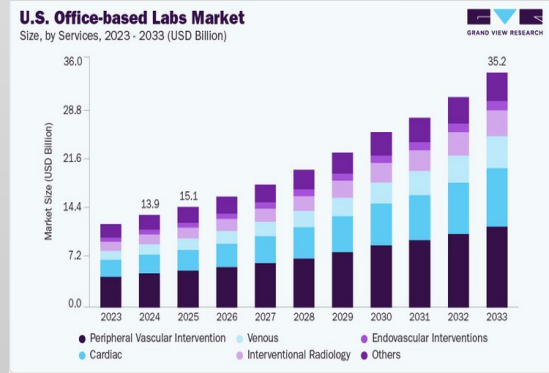


My Pathway

(Brownian Motion)



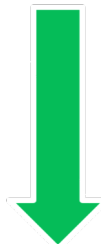
The Changing Practice Environment



Corporatization of Hospitals: Impact on Cost and Quality



6% increase in negotiated inpatient prices for commercially insured patients.



4.8% decrease, around \$48,300 per bed, in total operating expenses.

Physicians are not “Providers”

Annals of Internal Medicine

POSITION PAPER

Physicians Are Not Providers: The Ethical Significance of Names in Health Care: A Policy Paper From the American College of Physicians

Lois Snyder Sulmasy, JD; and Jan K. Carney, MD, MPH; for the ACP Ethics, Professionalism and Human Rights Committee*

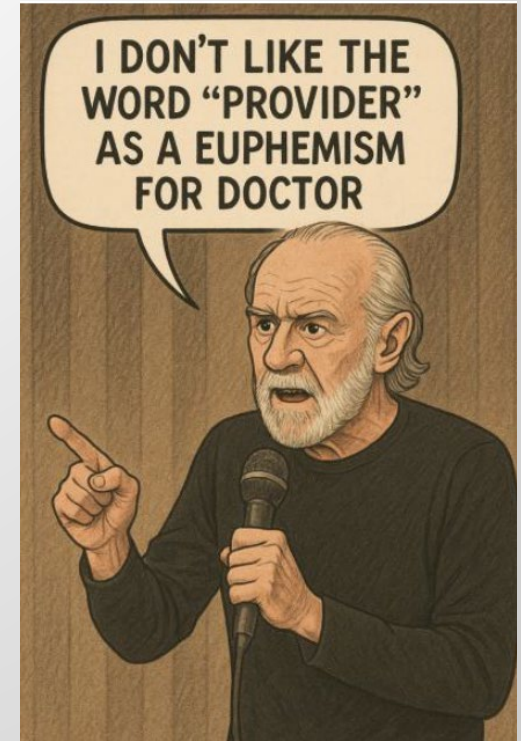
FEDERAL
PRACTITIONER A Member of the MDedge Network

EDITORIAL ▶ Fed Pract. 2021 Oct;38(10):446–448. doi: [10.12788/fp.0188](https://doi.org/10.12788/fp.0188)

What’s in a Name? The Problematic Term “Provider”

[Jonathan R Scarff](#) ^{1,✉}

- Language helps shape identity
- Professionalism vs. transaction
- Relationship vs. service



*Vascular surgery is built on relationships
Longitudinal challenges
Trust*

Loss of Ownership & Professionalism

- Increasing shift worker mentality
- Handoffs
- Detachment

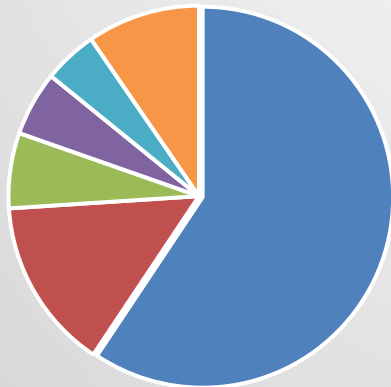
“Not my patient – it’s the practice.”



*“When the responsibility is everybody’s,
then it becomes nobody’s.”*

Identity Paradox

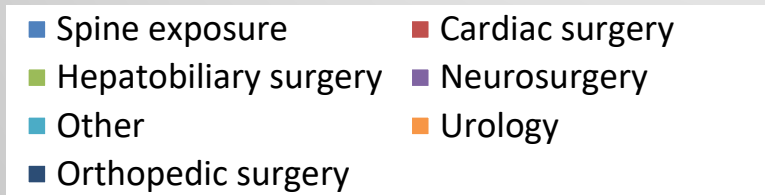
Services Requiring Vascular Assistance



Essential to hospitals
but many of us are:

- Overwhelmed
- Underappreciated
- Undervalued

Identity is diluted



	Technical revenue	Professional revenue	Net revenue	Contribution margin
Consultation only	33,139 ± 72,815	4,622 ± 12,239	37,760 ± 82,570	7,252 ± 42,127
Operative	68,092 ± 114,061	10,860 ± 21,970	78,952 ± 132,053	7,750 ± 74,697
Total	51,558 ± 98,220	7,909 ± 18,281	59,467 ± 113,177	7,514 ± 61,409

Balance vs. Harmony

Balance =
equal distribution



Harmony =
integration over time



Training Compression & Independence

JAMA **Surgery**

ORIGINAL ARTICLE

Effects of Duty Hour Restrictions on Core Competencies, Education, Quality of Life, and Burnout Among General Surgery Interns



The Guardian US

News Opinion Sport Culture Lifestyle

UK UK politics Education Media Society Law Scotland Wales Northern Ireland

NHS

This article is more than 16 years old

Advertisement

Junior doctors miss out on training due to reduced hours

- Time in training effectively reduced vs. historical models
- Challenged by ↑ new procedures, devices, guidelines, etc.
- No standardized cohesive on-boarding model
- Increasing early practice vulnerability

More complexity. Same time.

What Sustains Us During our Career?

- Mentors
- Mastery
- Meaning
- Relationships
- Purpose



Mentorship

Not just for trainees and often need different types:
(technical, career, identity, life, crisis)



Many vascular surgeons experience mentorship gap –
expected to lead but are still navigating growth
Need for mentorship throughout our careers

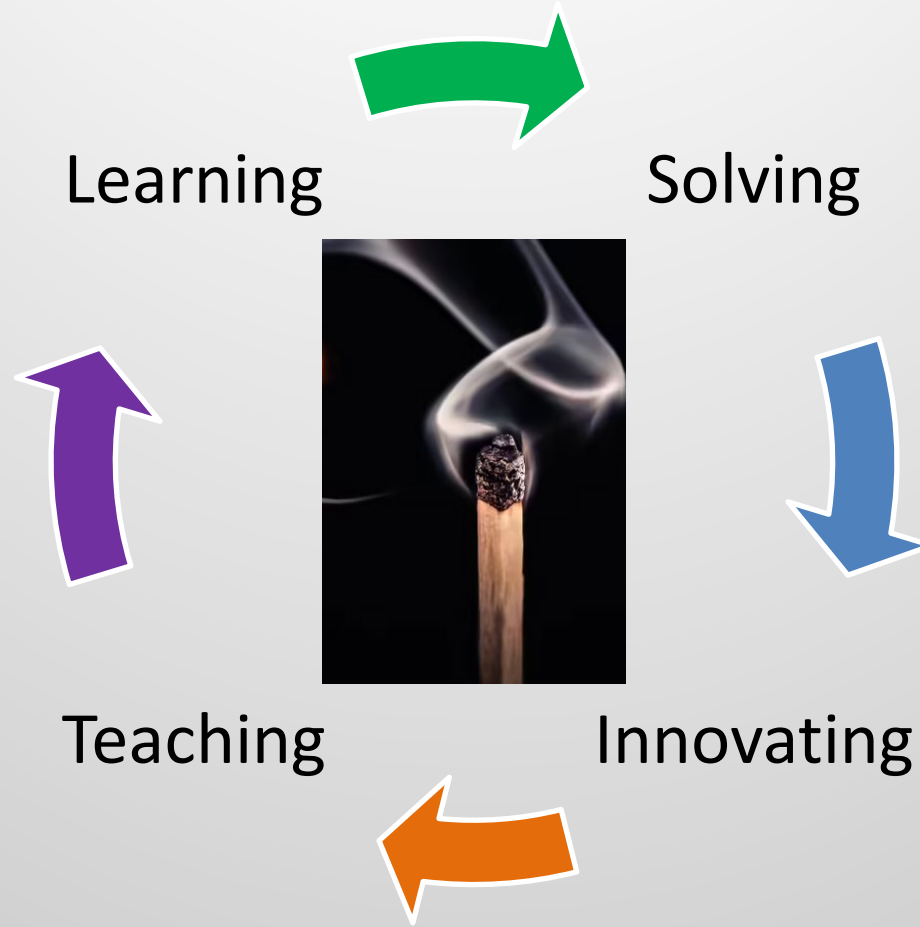
Grit & Resilience



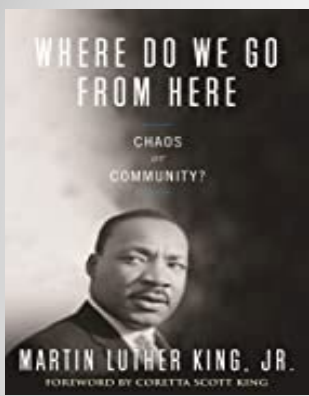
Resilience is recommitment after disappointment.

My Antidote to Burnout

I try to cultivate intellectual curiosity to preserve meaning



Practice Gratitude



Reclaiming Mastery

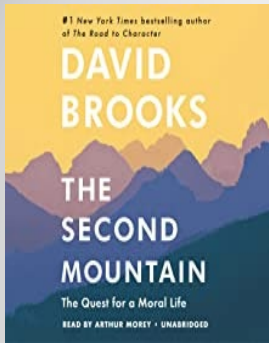
“The line of progress is never a straight line.”

“To dismiss a series of small successes ... is to fail to to comprehend the process of achieving full victory.”

We, as a Vascular Surgery community need to recognize that small victories are victories.

“Ultimate solution lies in our willingness to obey the unenforceable”

Focus on the patient!



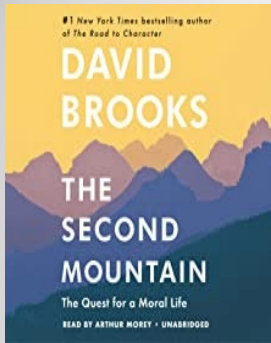
Avoiding Ambivalence

Ambivalence → disengagement → identity loss.

- Nice job, nice home, pleasure of a comfortable life
- Associated with self-preoccupation
- Members of a group (i.e., department or specialty) can become, separated, divided, alienated

Leads to loss of:

1. Connectivity
2. Solidarity
3. Focus on common good



Community & Connection

✓ Re-center

✓ Refocus

* Build a culture that steers people toward relationships & community

**FIND AN ETHOS THAT PUTS COMMITMENT
TO THE PATIENT AT CENTER!**



FVS meeting is a model

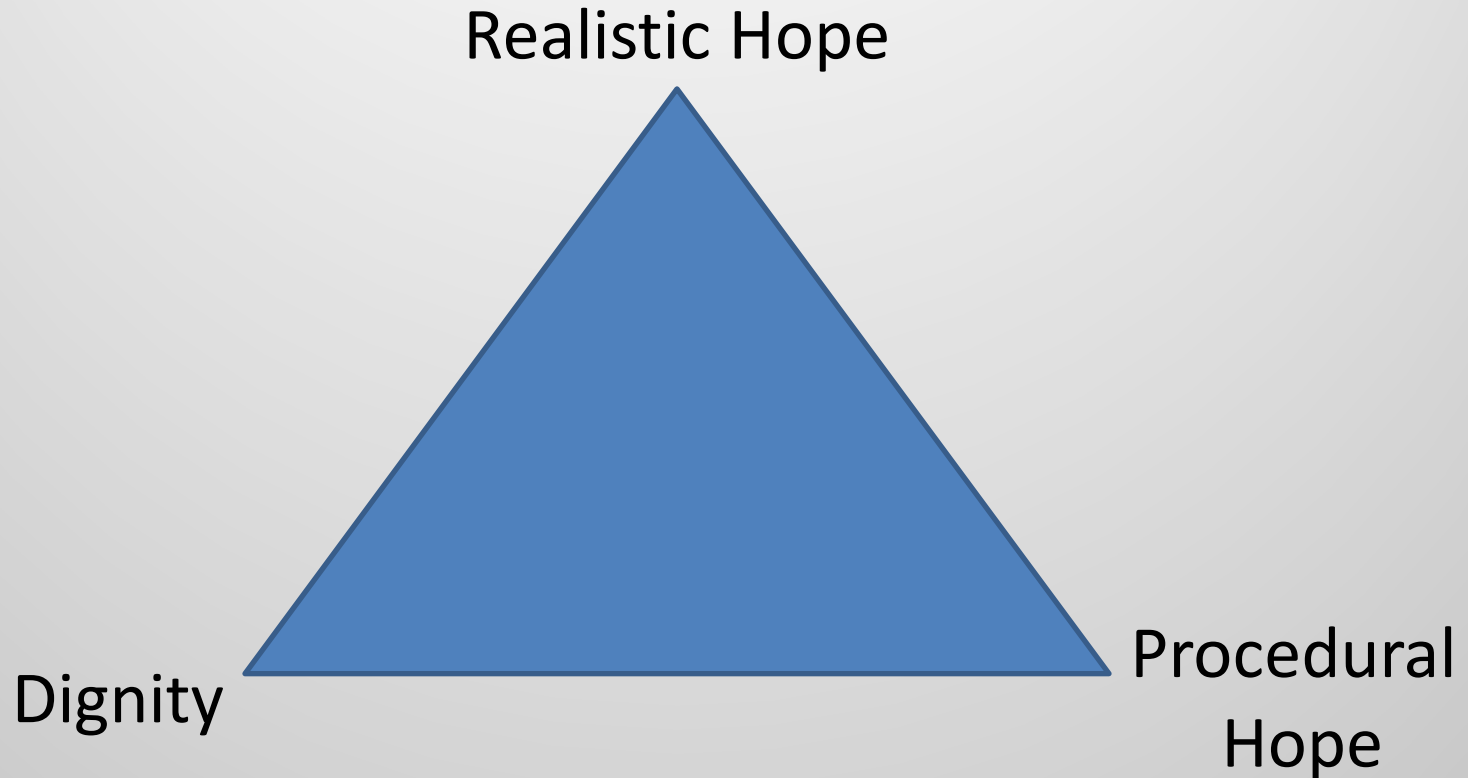


[collegial - open exchange - shared learning – respect]

This is at the core of our society's mission.

Hope in Vascular Surgery

- “Hey pal, hope is not a plan.” – T.S. Huber, MD, PhD



What We Must Do (individual)



SEEK MENTORSHIP

Stay connected.
Keep learning.
Never stop growing.



MENTOR OTHERS

Invest in those coming behind you.
Multiply your impact.



PROTECT YOUR PROFESSIONAL IDENTITY

Guard what matters.
Lead with integrity.
Define your role.



STAY CURIOUS

Question.
Explore.
Keep pushing forward.



CHOOSE ENGAGEMENT

Choose engagement over ambivalence.
Take imperfect action.



Small, intentional actions today shape the surgeon we become tomorrow.



*This responsibility does **not** rest solely on **individuals**.*

What We Must Build Together

WHAT IT LOOKS LIKE NOW

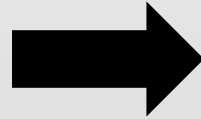
Fragmented Mentorship

Early Practice
Vulnerability

Mid-career isolation

Identity Erosion

Passive Engagement



WHAT WE CAN BECOME

Mentorship Network

Structured Transition to
Practice

Career-stage Community

Professional Identity
Advocacy

Active, Engaged Society

What We Must Do as a Society

Transition to Independent Practice: *The Critical On-Ramp*



Better On-Ramps Today. Stronger Careers Tomorrow.

Future Directions in Open Aortic Surgery Training

Final Years of Vascular Training

Early Years of Vascular Practice



Mentorship/Feedback/Proctoring



SVS & FVS should develop **'Transition' to Practice recommendations**

- Task force
- Delphi
- Publish
- Endorse



Not all trainees can be expected to have confidence & proficiency – need 'on ramp' to independence during early career

Why We Still Do This

*Because what we do still **matters.***



WE RELIEVE
SUFFERING



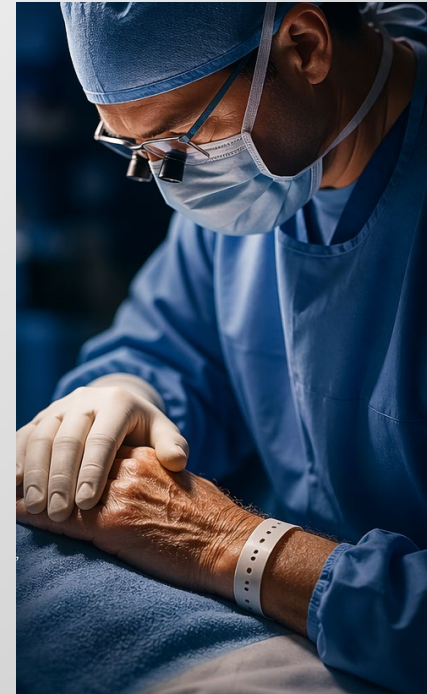
WE RESTORE
FUNCTION



WE EXTEND
LIVES



WE EARN
TRUST



*Despite all the pressures we face, the essence of vascular surgery remains profoundly **meaningful.**
And that meaning is what **sustains us.***

We are sustained
not by what we do,
but by why we do it.

That is why we still do this.