

What is your professional identity?

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Conflicts of Interest

I have none to report to you at this time.

A simple premise

- How you *understand* your role in the workplace directly informs how you *act*.
- How you *act* broadly affects how well you are able to perform your job.

A key distinction...

- I'm not talking about aptitude.
- Identity is squishier to assess and more pervasive.
- Do a web search for “I never thought of myself as”
 - David Bowie, “I never thought of myself as a singer”

Some Dimensions of Medical Physics

- Patient care
- Innovation
- Basic research
- Education and training
- Management
- Government

Our added degree of difficulty

- Our professional is widely unknown.
- Our clients pay someone else for our service and we must negotiate a cut.
- It's hard to get tangible credit for the adverse event that didn't happen.

Identity dissonance

- Your professional self-image drives how you approach your work, and provides the denominator to your satisfaction quotient.
- If you are in a job that is at odds with your professional identity there will be trouble.
- “It’s just a job” is not a sustainable option for those who provide professional service.

Easily said...

- Figure out who you are in your professional life – find your elevator speech.
- Be aware of how well your job suits your identity, and of what job your identity seeks.
- Be vigilant as to your blindspots.

Let me share a true story.

OPINION

“Hood Ornament” or “V-10 Engine”? Myths and Realities Regarding Physician-Scientists in Academic Radiation Oncology Departments

Gary D. Kao, MD, PhD, W. Gillies McKenna, MD, PhD

Nothing great in the world has ever been accomplished without passion.

—G. W. F. Hegel

If you want to be successful, it's just this simple. Know what you are doing. Love what you are doing, and believe in what you are doing. Yes, it's just that simple.

—Will Rogers

INTRODUCTION

This is undeniably an exciting time to be an oncologist, as we have recently

straddle the worlds of research and clinical practice. All these developments together highlight the potentially pivotal roles that physician-scientists might provide to academic radiation oncology departments.

This article examines the benefits of, barriers to, and risks of integrating physician-scientists into academic departments from a number of perspectives. We first discuss the unique

the physician-scientist and whose efforts then result in exciting findings with clinical implications.

To achieve this level of success, a physician-scientist must be adept at formulating experimental plans; be able to turn ideas into testable hypotheses; and be able to write a compelling grant proposal describing these ideas, their background and sig-

<http://dx.doi.org/10.1016/j.jacr.2004.03.014>

“Successful physician-scientists in academic departments can be much more than mere ‘ornaments’ - they can potentially be the ‘vehicles to excellence.’”

“Of the 14 junior physician-scientists whom the senior author has accepted in his laboratory in the past 10 years, 4 remain at Penn and 1 elsewhere as independent physician-scientists, 4 remain in academic departments but as full-time clinicians, and 5 have gone into private practice. [...] What are the reasons for this ‘failure’?”

“Physician-scientists must have a significant amount of time free from clinical duties to establish their research programs, set up their laboratories, supervise and conduct the experiments, and simultaneously write manuscripts and grant proposals. As discussed previously, physician-scientists must ultimately compete against basic researchers who do not have clinical distractions.”

“The rule that we have applied at Penn is that at least in the startup period, junior physician-scientists must be assigned at least 80% of their time to the laboratory.”

HEALTH

At V.A. Hospital, a Rogue Cancer Unit

By WALT BOGDANICH JUNE 20, 2009



The Veterans Affairs Medical Center in Philadelphia. Jessica Kourkounis for The New York Times

For patients with [prostate cancer](#), it is a common surgical procedure: a doctor implants dozens of radioactive seeds to attack the disease. But when Dr. Gary D. Kao treated one patient at the veterans' hospital in Philadelphia, his aim was more than a little off.

Most of the seeds, 40 in all, landed in the patient's healthy bladder, not the prostate.

http://www.nytimes.com/2009/06/21/health/21radiation.html?_r=1



Dr. Gary D. Kao, accused of mishandling radioactive seed implants, told a Congressional panel on Monday that his patients over all had effective cancer treatment.

Bradley C. Bower/Associated Press

Article - <http://www.nytimes.com/2009/06/30/health/30veterans.html?mcubz=2>

Transcript of testimony - <https://archives-veterans.house.gov/witness-testimony/gary-d-kao-md-phd>

“By October 2009, the VA had reported to the NRC that 97 medical events involving prostate brachytherapy occurred at the PVAMC from February 2002 through June 2008. The NRC determined that Dr. Kao was the authorized physician during 91 of the 97 reported medical events.”

UNITED STATES OF AMERICA
NUCLEAR REGULATORY COMMISSION

In the Matter of
Dr. Gary Kao

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IA-09-035

ORDER PROHIBITING INVOLVEMENT IN
NRC-LICENSED ACTIVITIES

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See also:

In the AAPM Virtual Library, a session from 2008, “Professional Comportment: Professional is as Professional Does”

<http://www.aapm.org/education/VL/vl.asp?id=3408>