

Application of
Working Genius to
Team-building:
An Innovative
Approach to Medical
Education/*Scholarship*

Victor O. Kolade, MD

O. A. Oyeleye, MD

1 Guthrie Square





Victor Kolade, MD

Core Faculty, Internal Medicine Residency; Professor of Medicine & Regional Clerkship Director for Internal Medicine, Geisinger Commonwealth School of Medicine; Adjunct Clinical Professor in Internal Medicine, Lake Erie College of Osteopathic Medicine

Guthrie Robert Packer Hospital

Phone: (570) 887 – 3608

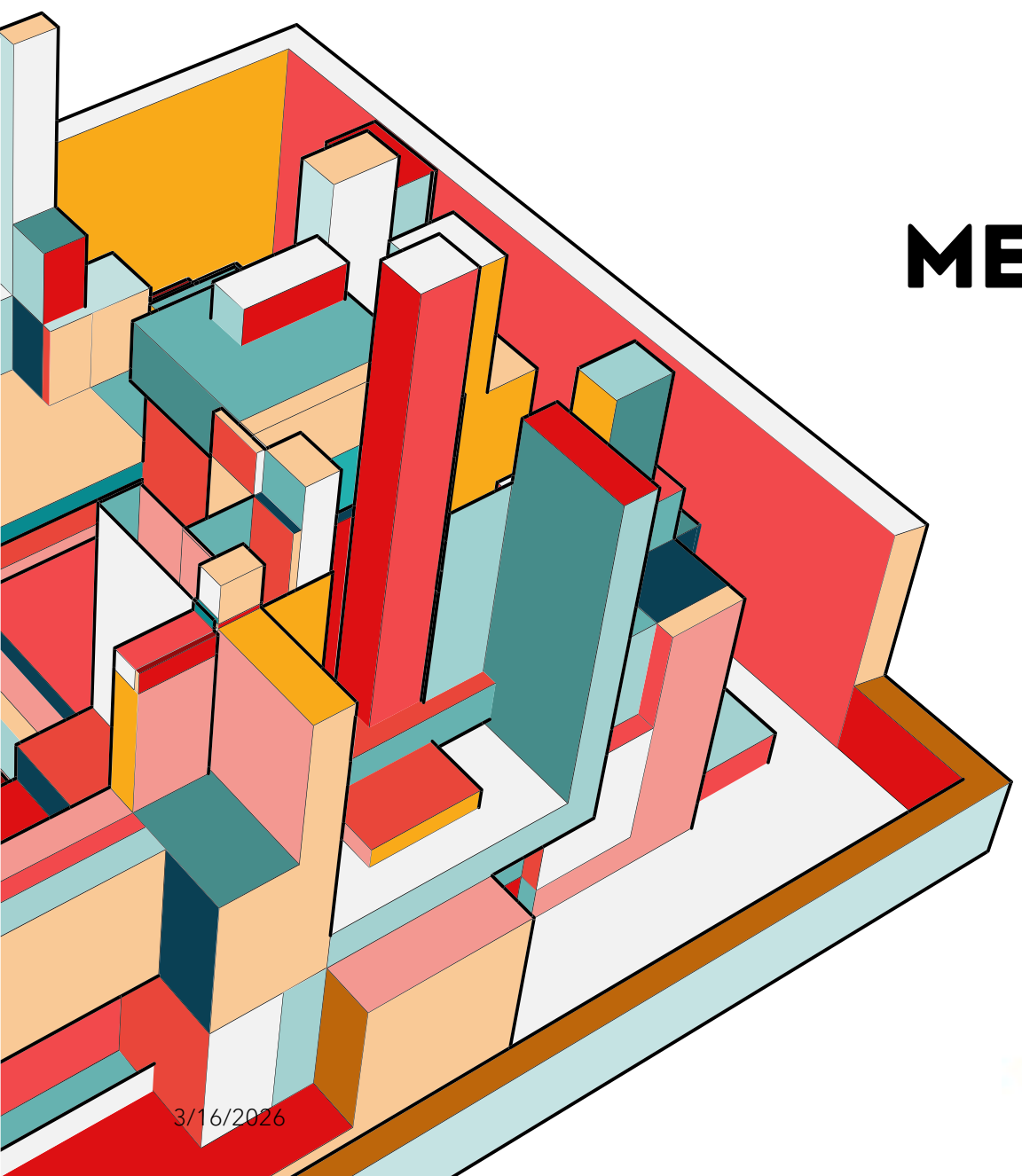
Email: victor.kolade@guthrie.org

Disclosures by VOK

- I attended - and was influenced by - the AIAMC Annual Meeting breakout session on the Enneagram in March 2023
 - As well as the Annual Meeting keynote session on Transformations in 2022
- (I am a member of the AIAMC Board of Directors but am not speaking on their behalf at this time)
- (I am a PI on unrelated Pfizer-sponsored research.)

Disclaimers

Financial: (we bought a book and
purchased the matching assessment)
Experiential: to follow



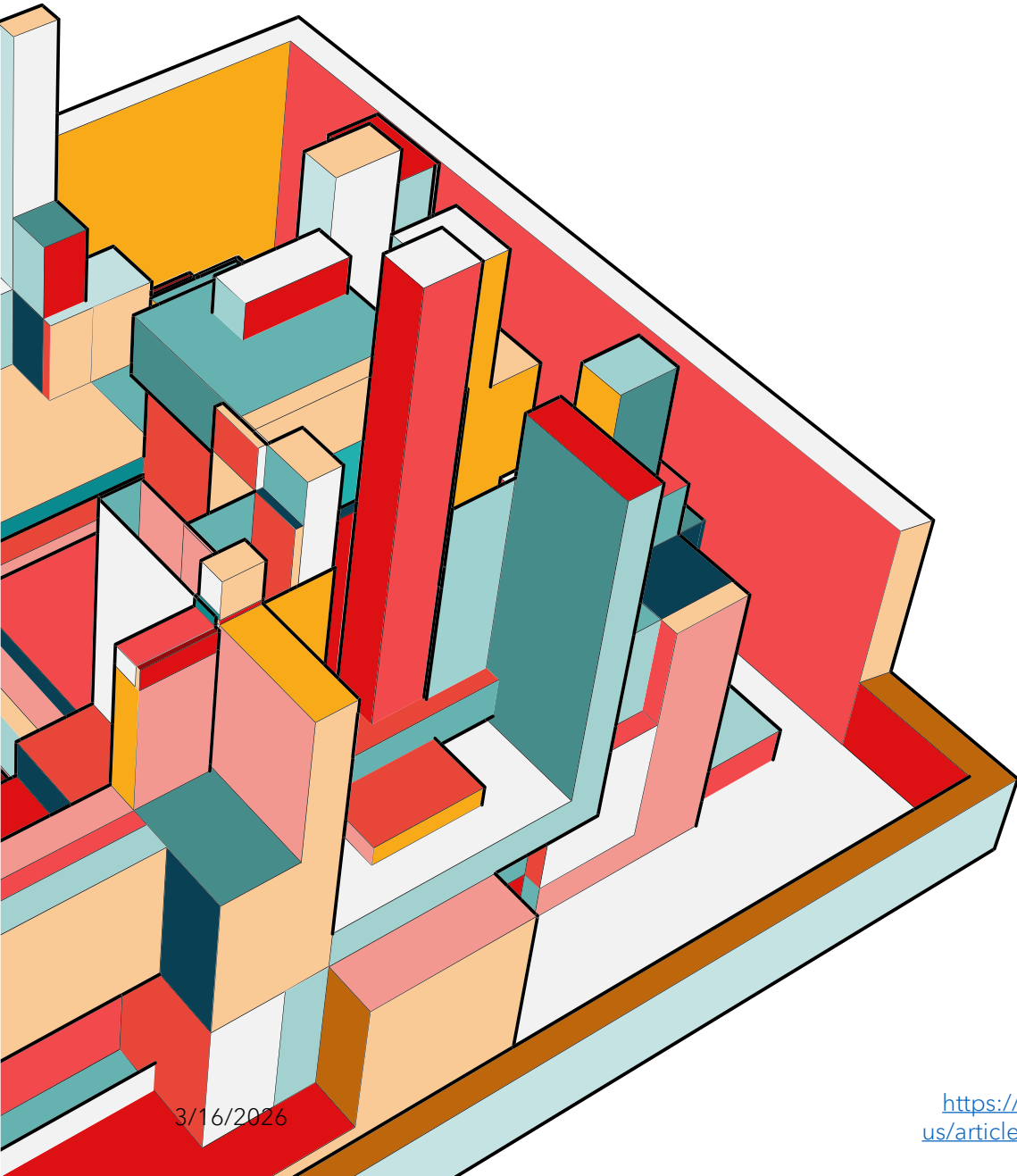
MEDICAL SCHOOL POLICY

Faculty are free to engage in responsible research and in the publication of the results, subject to the adequate performance of their other academic duties

Institutional funding for research activities as well as protected faculty time for research will be based on institutional priorities



Geisinger
College of
Health Sciences



BACKGROUND

- The ACGME decided for 2025-26 to stop tracking scholarly activity counts directly from faculty, expecting that resident scholarly work has been done with faculty and thus provides a proxy assessment of faculty scholarly work (1)
- The change is only meant to reduce the reporting burden on programs and not to de-emphasize faculty scholarship...
- Will faculty lean more toward shared scholarly activity with residents?

Evaluation of a Points-Based Scholarly Activity Policy in Internal Medicine

Victor O. Kolade, MD, MS, and Mukta Panda, MD

Objectives: The Accreditation Council for Graduate Medical Education requires that scholarly activity be carried out in residency programs without numerical guidelines for publication of papers by residents. Until now, publication-to-resident ratios (PTRR) have not been reported in internal medicine (IM) programs. This article describes the 5-year

or presentation of case reports.¹ The Next Accreditation System² has required programs to report on the scholarly work of graduating residents and core faculty annually; PubMed identifications are requested for published papers, and poster or oral presentations are tallied per individual.³ Our internal medicine (IM) program maintains a scholarly activity points policy, and its success in

Will faculty-only scholarship diminish?




with the PDF/A standard and has been opened read-only to prevent modification.

Journal of Community Health
<https://doi.org/10.1007/s10900-021-01036-6>

ORIGINAL PAPER



Influenza Vaccination During COVID-19 in a Rural Community: A Cross-sectional Survey

Rebecca E. Marcus¹ · Victor O. Kolade² 

Accepted: 20 September 2021

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2021

Abstract

Vaccination behavior is an informative metric for assessing flu seasons and is especially important to understand for the 2020–2021 flu season, which coincided with the COVID-19 pandemic. This study aimed to estimate flu vaccine behavior and assess vaccine perceptions during the pandemic season. Using a cross-sectional descriptive study design, we conducted an online survey to assess vaccination behavior and perceptions of both COVID-19 and the flu. Patients were identified as recently seen by providers in an academic internal medicine practice ($n = 827$) and surveys were distributed as messages in the Epic electronic medical record system. We found that 88.3% of respondents (188/206) had received their flu vaccination for the season at the time of their survey response in December 2020–February 2021. Of those that had not yet received the flu vaccine, only 13.6% indicated they planned on getting one. 12.5% of respondents said they had changed their flu vaccine plans due to the COVID-19 pandemic. Looking at differences from past season's behavior, more individuals switched to getting the flu vaccine than those that switched to not getting the vaccine this season. The most frequently cited reasons for not receiving the flu vaccination were concerns about side effects and not being in a priority group. Changes in flu vaccination behavior from previous seasons represent a net positive in the direction of vaccine acceptance. Barriers to vaccination were identified and results from this study provide more information on vaccine perceptions, beliefs, and behavior, which can benefit future vaccination programs.

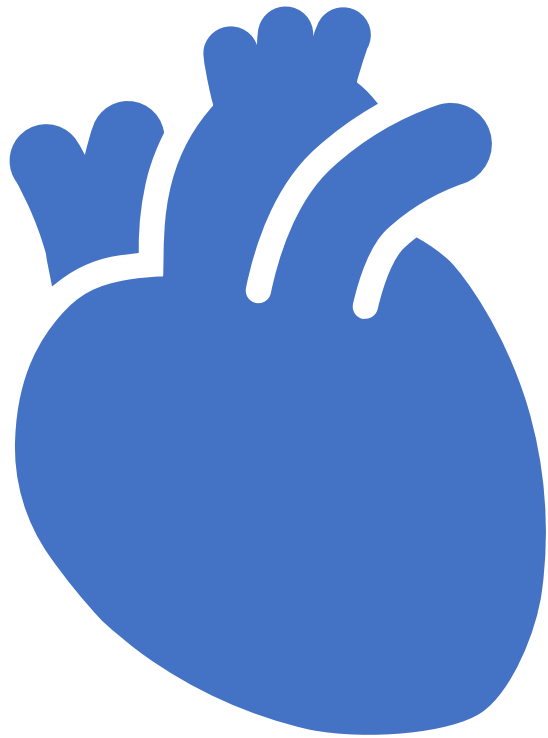
Keywords Influenza Vaccines · COVID-19 · Surveys and Questionnaires · Vaccination Refusal · Cross-sectional studies

Will faculty-and-
student only
scholarship diminish?





Question & Response



Cardio-Pulmonary Resuscitation
What is CPR?

WHAT IS BPR?

BURNOUT PRE-EMPTION/REDUCTION



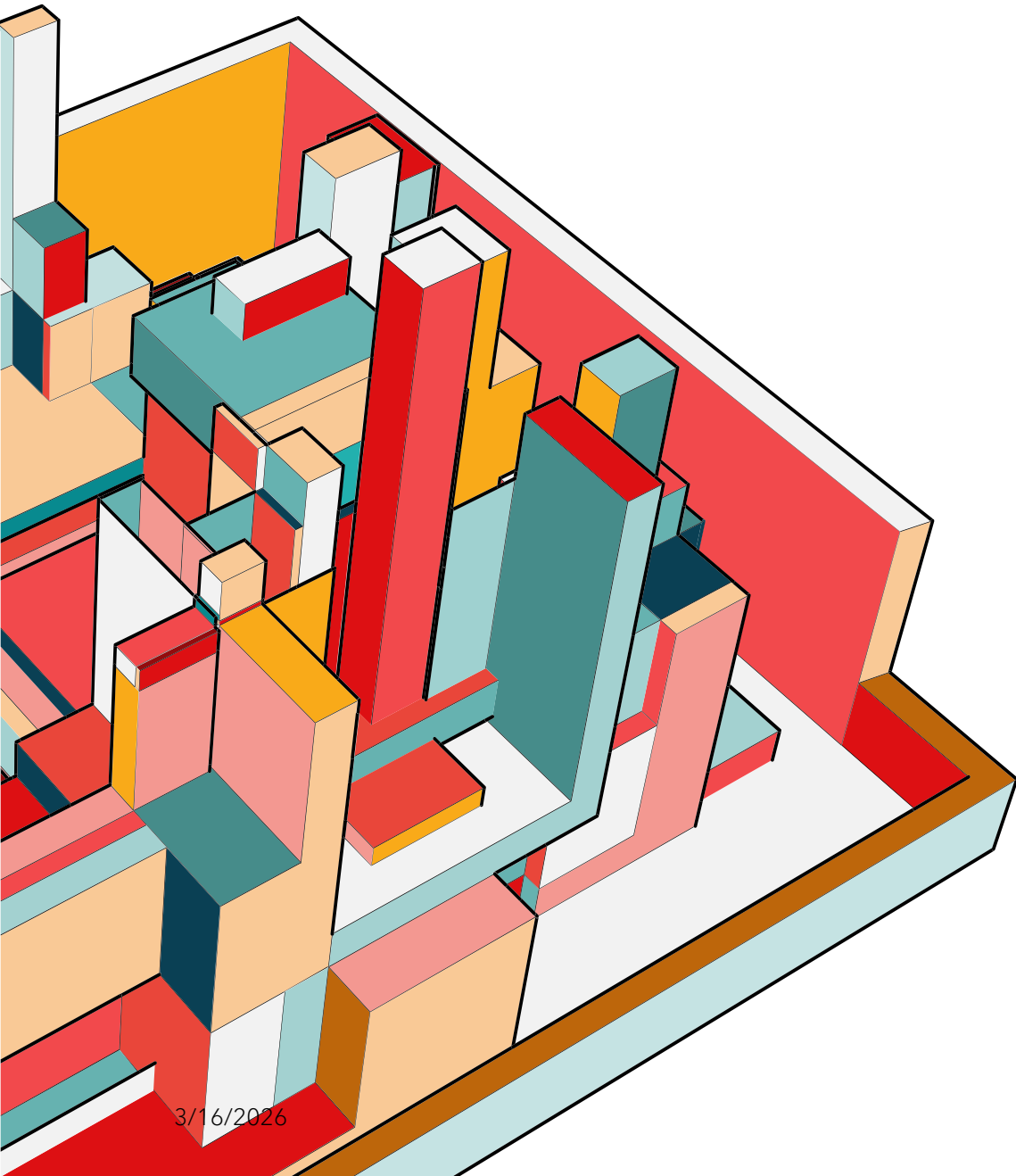
OBJECTIVES



TO DISCUSS A PRACTICAL,
INCLUSIVE APPROACH TO
TEAMING



TO PROMOTE SELF-
DISCOVERY/REFLECTION



GOAL

To show how Working Genius(es) in yourself and others contribute to the initiation and completion of educational scholarship



OUTLINE

THE SIX TYPES OF WORKING GENIUS

What are they?

Descriptions and examples

APPLICATION

Relevant publications and presentation(s)

NOTES

Things to consider

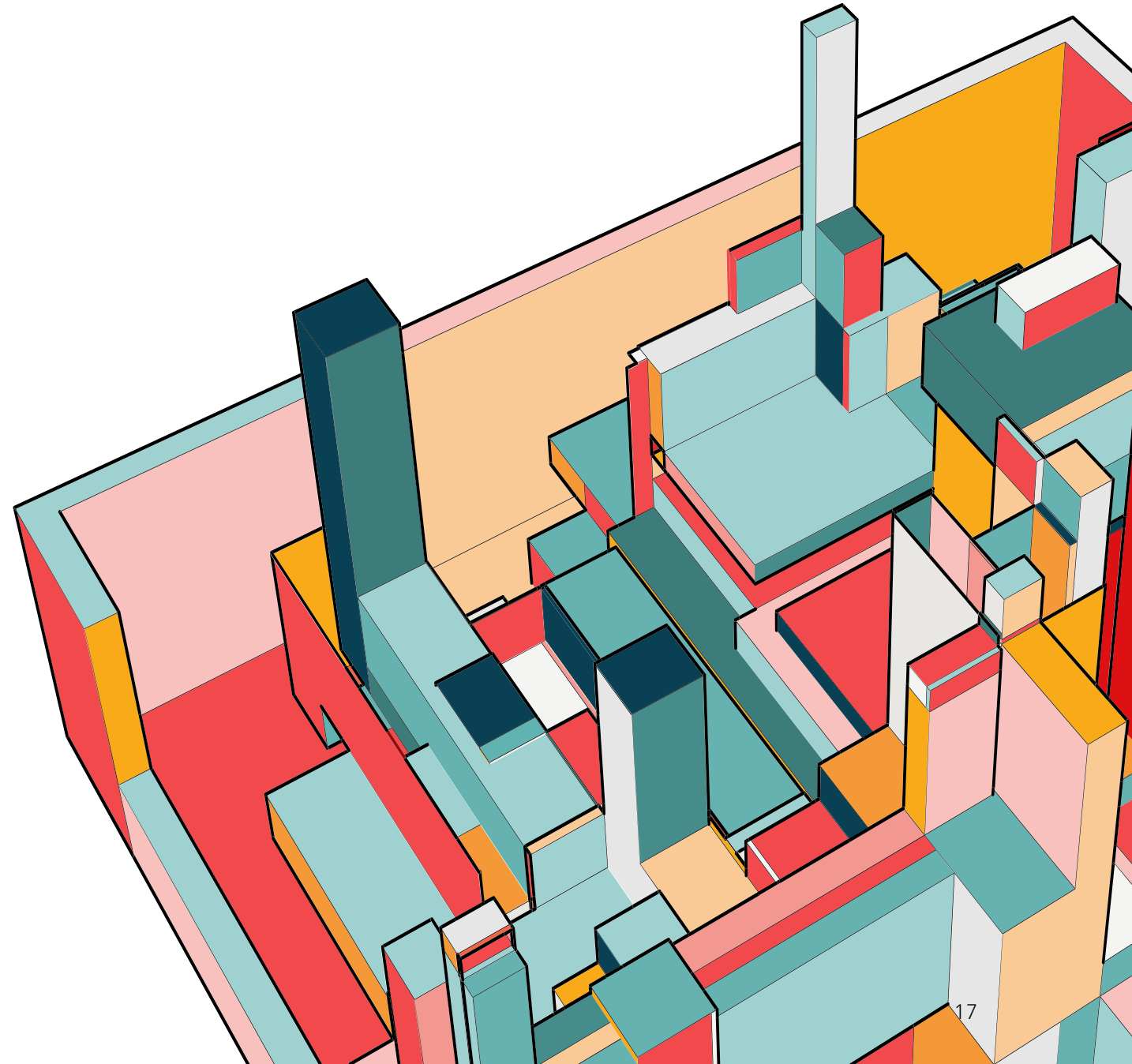
DISCUSSION

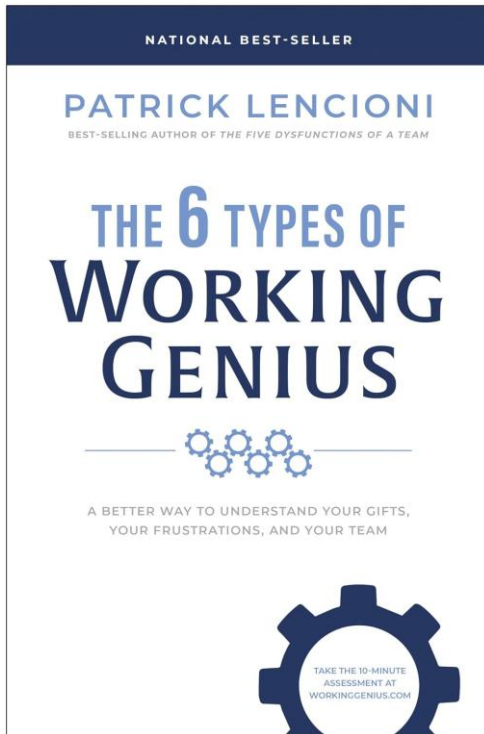
THINGS TO PONDER

- How might you build (or enhance) a team?
- What if you are auditioning (or interviewing) for the next you?
- Do patients care about your Working Genius?
- Can you mentor (or seek mentoring) in a Genius-specific way?
- What kind of support might your mentee need?
- What may advocacy look like?
- How might you choose (or give input to the selection of) a chief resident?

CHALLENGE

If there was a book that could facilitate the expansion of your scholarship portfolio, would you read or engage with it?





Connecting education to exceptional patient care.

New Podcast & Book Review! A Pod, Then A Book about 6 Working Geniuses

A Pod, Then A Book about 6 Working Geniuses
Victor G. Hilde, MD | AiAMC Fellow Member of Board of Directors & Executive/Programming Committees
Did you ever watch a recorded podcast and quickly see that the guest was talking to you? It seemed that way when I watched [Crisis Connect](#) interview Patrick Lencioni about the latter's book, [The 6 Types of Working Genius](#).¹ In 30 minutes a "real" concept about teaching had come alive for me, and I resolved to get the book. It took time to get and time to read the book, but meanwhile I collected my thoughts on the

Committed to excellence in medical education and research in independently governed academic medical centers.



Bibliography

- Lencioni P. (2022) *The 6 Types of Working Genius: A Better Way to Understand Your Gifts, Your Frustrations and Your Team*. Matt Holt, Dallas.

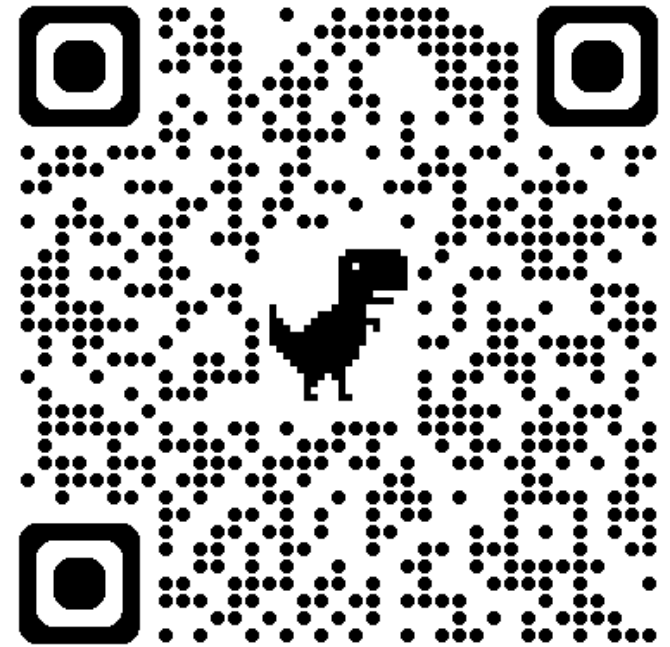
Is this different?

What Makes Working Genius **Different**

First, it's simplicity. The Working Genius model distills any kind of work down to six fundamental activities. And in relatively short order, helps people identify the type of work that makes them thrive.

Second, Working Genius is the only tool of its kind that is actually applied to work. Most personality instruments help people better understand how they are wired, but they fail to explain how that fits together with others in the process of work. Working Genius solves this problem. Not only do individuals walk away with a greater understanding of the type of work that makes them thrive, but Working Genius provides teams with a better way to think about their dynamics, projects, meetings, and even their hiring.

Simply put, Working Genius is part personality assessment and part productivity tool for teams. And it is the simplest and fastest way to discover your gifts and transform your life.



CONCEPT

- Everyone has one or more needed Genius that can move a task from a need assessment through idea generation and selection to team activation and task completion against all odds



ENGAGEMENT

THE SIX TYPES OF WORKING GENIUS

Which are you good at? Can you see (relative) blind spots?

APPLICATION

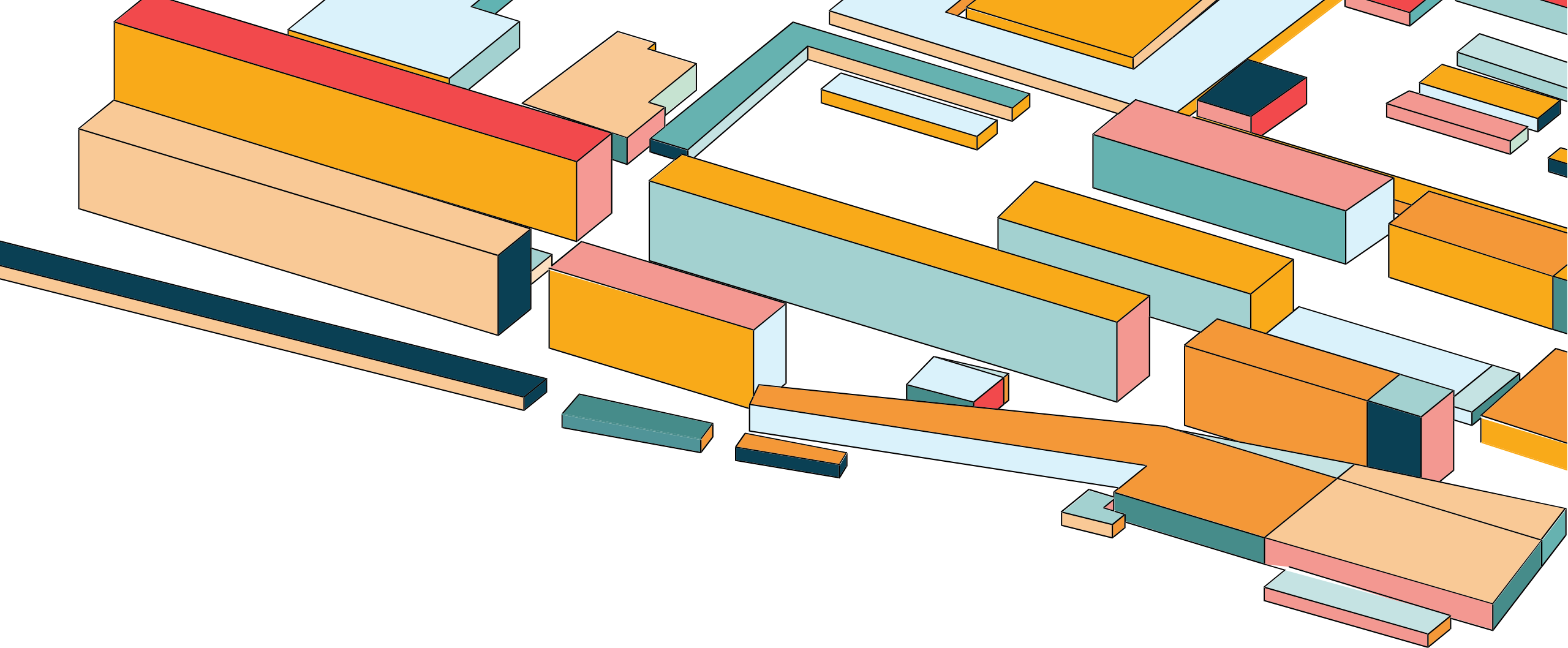
Think of people you know/can work with that are good at Geniuses you need

NOTES

Things to consider

DISCUSSION

Reflection questions



MODEL OVERVIEW

Wonder

Discernment

Enablement



Invention

Galvanizing

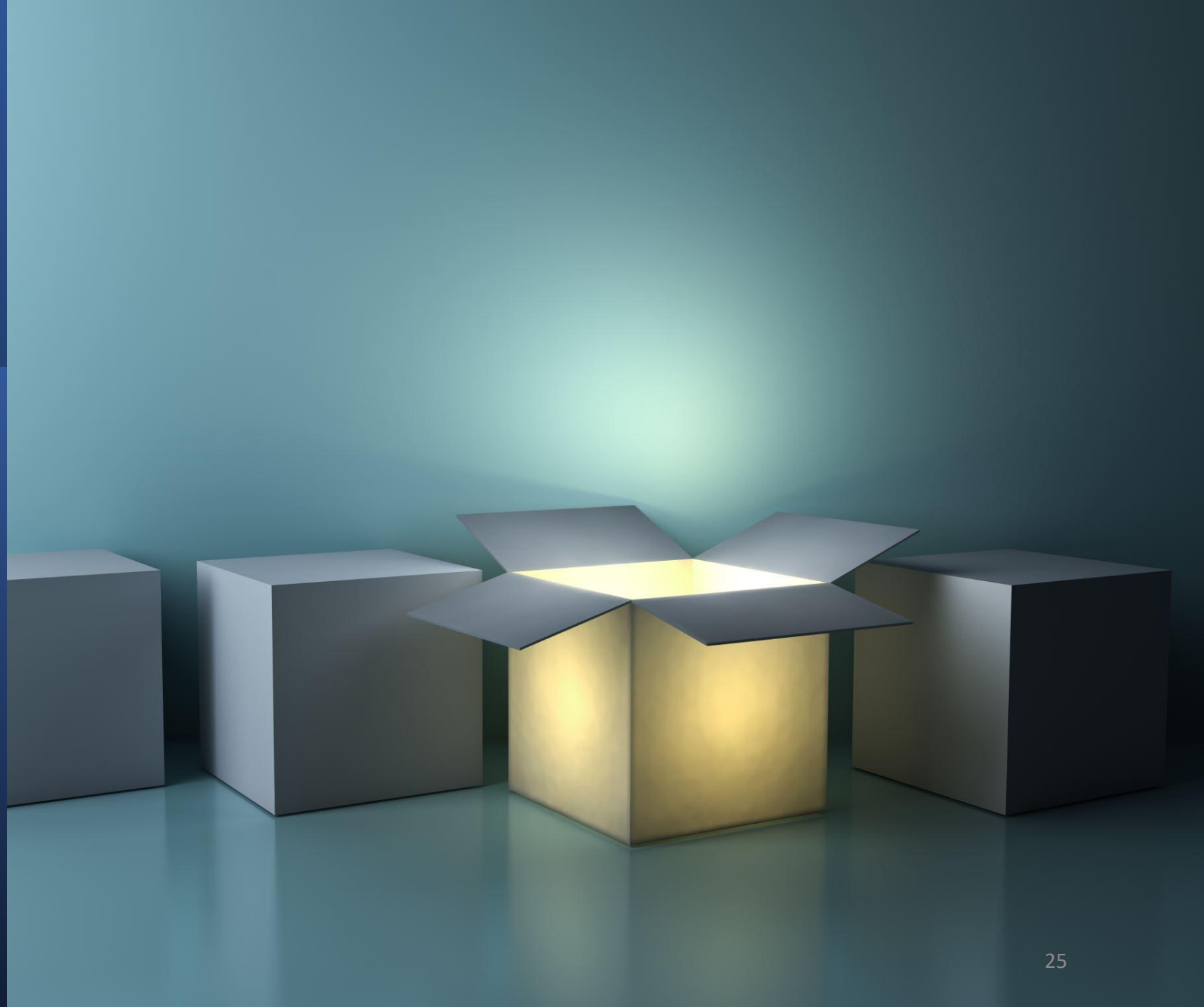
Tenacity

The Six Types of Working Genius

- **Wonder:** The natural gift of pondering the possibility of greater potential and opportunity in a given situation
- **Invention (Innovation – every day or herculean):** The natural gift of creating original and novel ideas and solutions
- **Discernment:** The natural gift of intuitively and instinctively evaluating ideas and situations
- **Galvanizing:** The natural gift of rallying, inspiring and organizing others to action
- **Enablement:** The natural gift of providing encouragement and assistance for an idea or project
- **Tenacity (not just being Trapped):** The natural gift of pushing projects or tasks to completion to achieve results



Is Wonder a
frequent word
in your sent
box?
(Or inbox from
someone else?)

3/16/2026



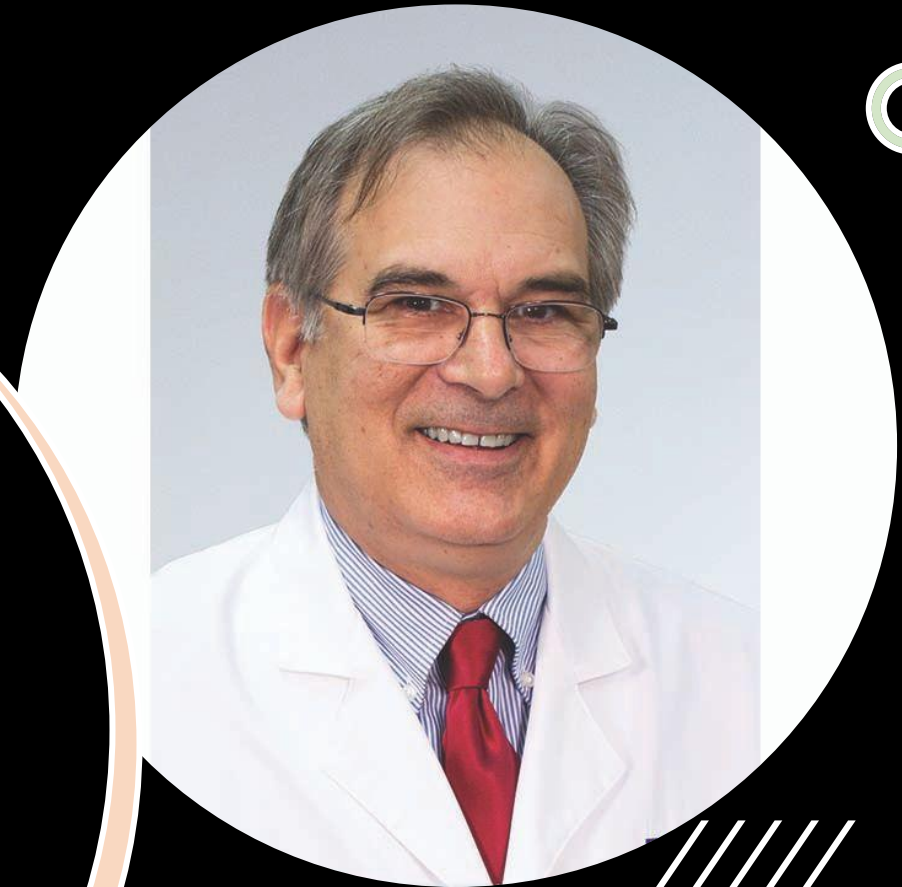
Complaint:
'My top 10
ranked
candidates
don't come
here'

- Wonder: What if we rank enough candidates to ensure we always have a full match?



“He’s like me.
He’s inventive.”
(patient
comment)

David Bertsch, MD (I, E)



What labels do your teammates put on your shared work?

Accounting for professionalism: an innovative point system to assess resident professionalism. *J Community Hosp Intern Med Perspect.* 2014;4. doi: 10.3402/jchimp.v4.23313

Feasibility of an innovative third-year chief resident system: an internal medicine residency leadership study. *J Community Hosp Intern Med Perspect.* 2014;4

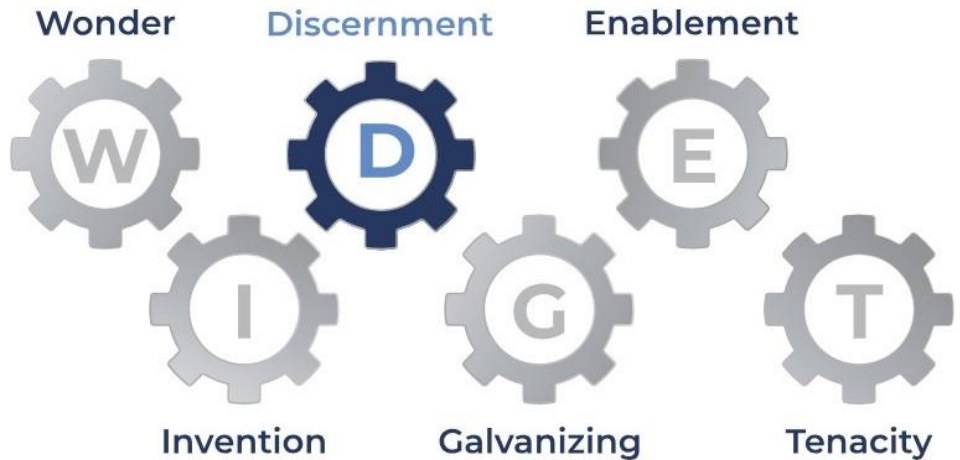
Discernment (Prediction?)



The Genius of Discernment

The natural gift of intuitively and instinctively evaluating ideas and situations.

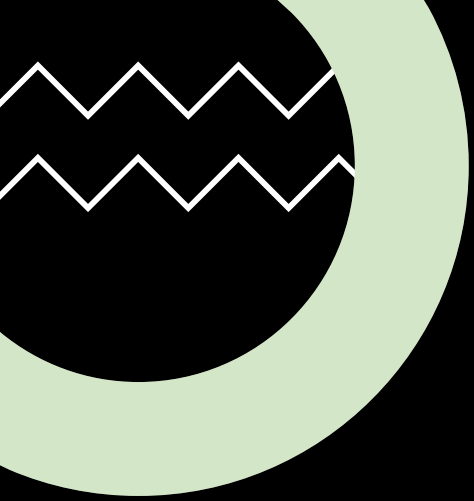
Select a Working Genius type to the right to learn more.



Do you smell
conflict?
How will you
resolve it?

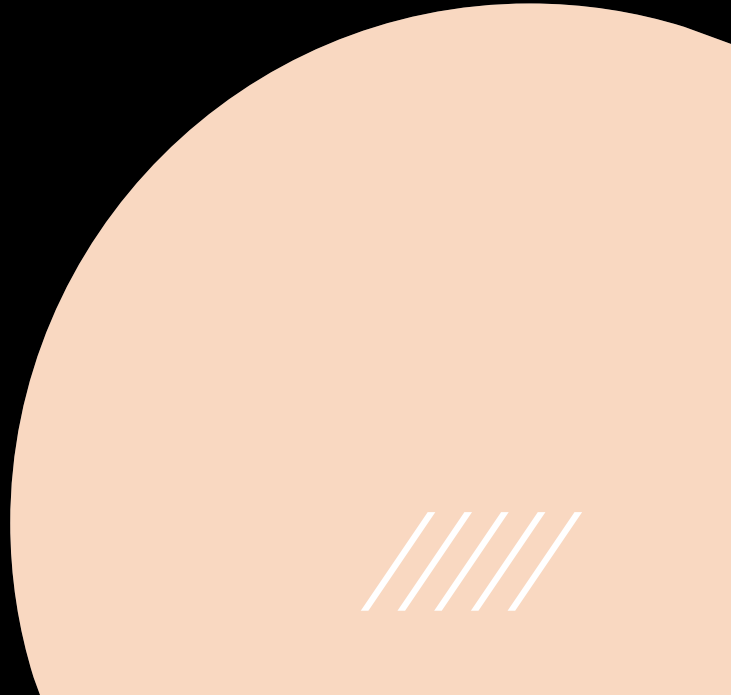
I vs D





What if -

- What if your boss seems to reject all your suggestions/wondering thoughts?



Dream-killer or Dream-steward?



+

o

•



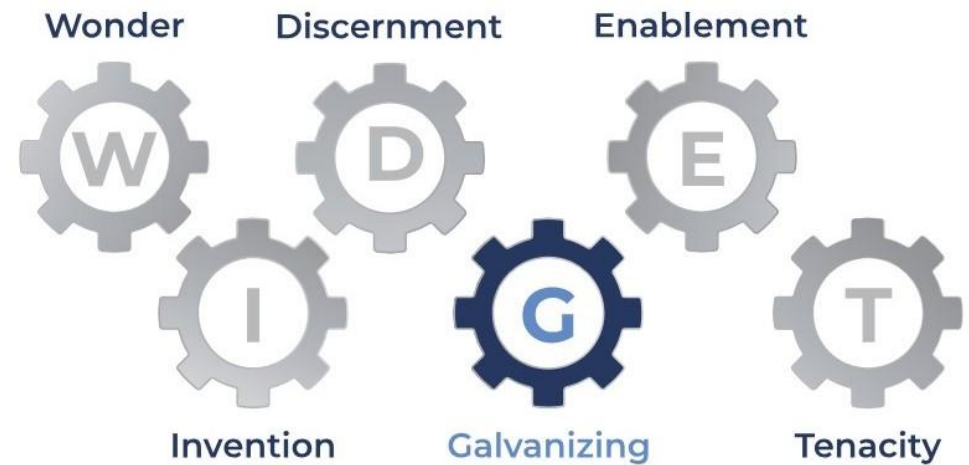
Galvanizing



The Genius of Galvanizing

The natural gift of rallying, inspiring and organizing others to take action.

Select a Working Genius type to the right to learn more.



COVID-19: a narrative review of the national COVID-19 guidelines in Africa

Oluwagbemiga A. Oyeleye¹, Gabriel Alugba², Alero A. Roberts³, Emmanuel A. Adetunji³,
Oluwashina E. Oyeleye³

¹Department of Medicine, Guthrie Robert Packer Hospital, Sayre, PA, USA; ²Department of Medicine, Englewood Hospital and Medical Center, Englewood, NJ, USA; ³Department of Community Health & Primary Care College of Medicine University of Lagos, Lagos, Nigeria

Contributions: (I) Conception and design: OA Oyeleye, AA Roberts; (II) Administrative support: OA Oyeleye, G Alugba, AA Roberts; (III) Provision of study materials or patients: OA Oyeleye; (IV) Collection and assembly of data: OA Oyeleye, G Alugba, EA Adetunji, OE Oyeleye; (V) Data analysis and interpretation: EA Adetunji, OE Oyeleye; (VI) Manuscript writing: All authors; (VII) Final approval of manuscript: All authors.

Correspondence to: Oluwagbemiga A. Oyeleye, MD. Internal Medicine Resident, Department of Medicine, Guthrie Robert Packer Hospital, 1 Guthrie Sq, Sayre, PA 18840, USA. Email: gbengaoye95@gmail.com.

Background and Objective: The World Health Organization (WHO) proclaimed coronavirus disease 2019 (COVID-19), caused by the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) virus, a pandemic on March 11, 2020. This resulted in various forms of lockdown being implemented in almost all nations worldwide which affected multiple facets of global life. The goal of this study is to compare the various ways that African nations have responded to the pandemic.

Methods: We used a qualitative analytic strategy to conduct a rapid document review of guidelines from a random sample of 15 African countries out of 54 countries in Africa. In addition to PubMed, and Google, searches were conducted on the websites of pertinent national health departments, such as Ministries of Health or Public Health, or Centers for Disease Control.

Key Content and Findings: Africa began to prepare for the eventual introduction of the first cases that would result from its close ties to China, a major trade partner, and host to more than 80,000 African students. Immediately, enhanced airport surveillance commenced on January 2, 2020, screening all passengers with a recent history of travel to China. The majority of African countries had established guidelines stating screening patients at the point of first contact when they present to any health care center. Contact tracing was conducted in a manner that safeguarded the privacy of affected individuals and adhered to all applicable

— THE 6 TYPES OF —
Working Genius

What may a
Mentor-
Mentee team
map look like?

Team Map

Team map

	Working Genius	Working Competency	Working Frustration
Oluwagbemiga O.	 	 	 
VICTOR K.	 	 	 

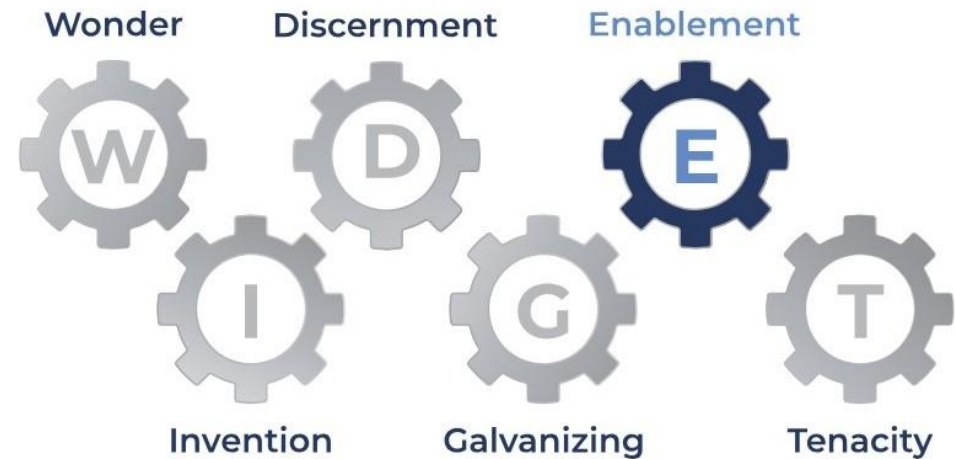
Enablement – the good kind



The Genius of Enablement

The natural gift of providing encouragement and assistance for an idea or project.

Select a Working Genius type to the right to learn more.



Windows Ink Workspace



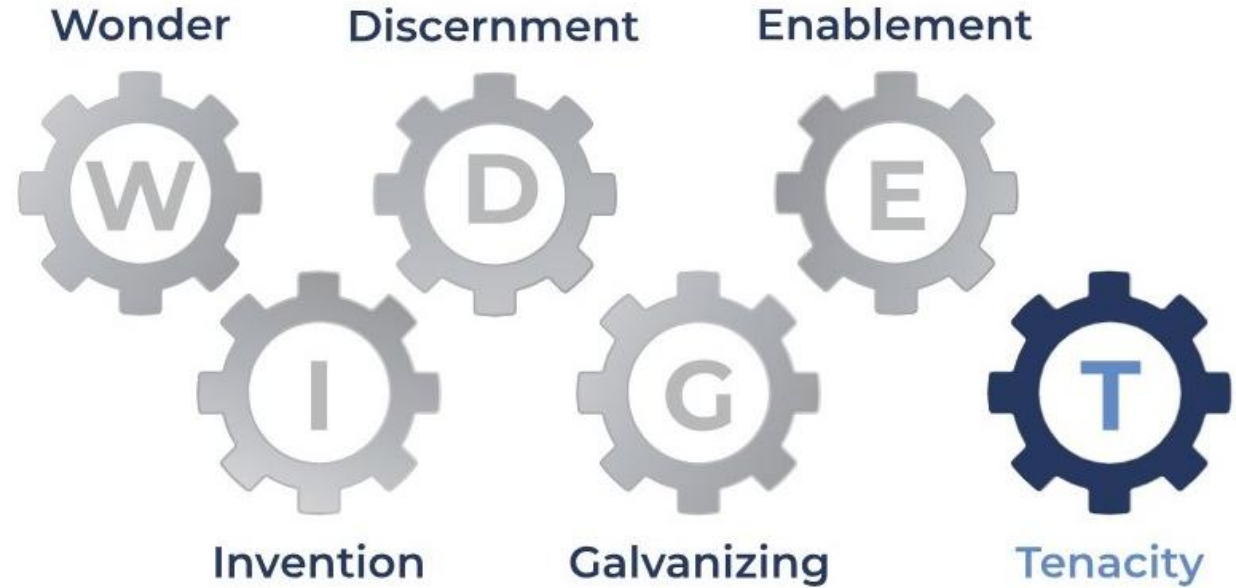
Dwight Stapleton,
MD (E)



The Genius of Tenacity

The natural gift of pushing projects or tasks to completion to achieve results.

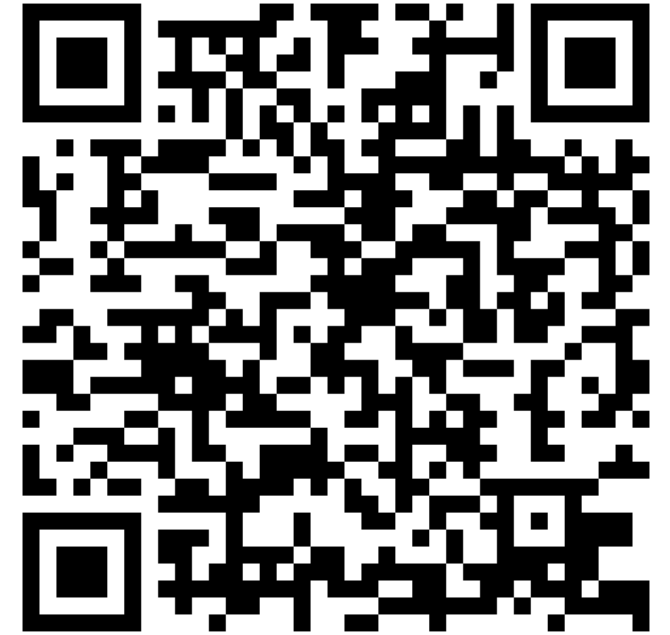
Select a Working Genius type to the right to learn more.

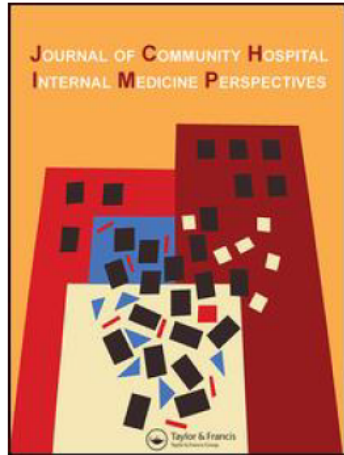


Tenacity
(‘Stick-to-it-iveness’)

- (Loyalty to a project/cause and/or team/institution)

Systems-Based
Practice faculty as
well as APD & Vice-
Chair: John Pamula,
MD (I, T)





Journal of Community Hospital Internal Medicine Perspectives

ISSN: (Print) 2000-9666 (Online) Journal homepage: <https://www.tandfonline.com/loi/zjch20>

Accounting for professionalism: an innovative point system to assess resident professionalism

Gary L. Malakoff, Catherine L. Payne, Lisa J. Staton, Victor O. Kolade & Mukta Panda

Tenacity wins!

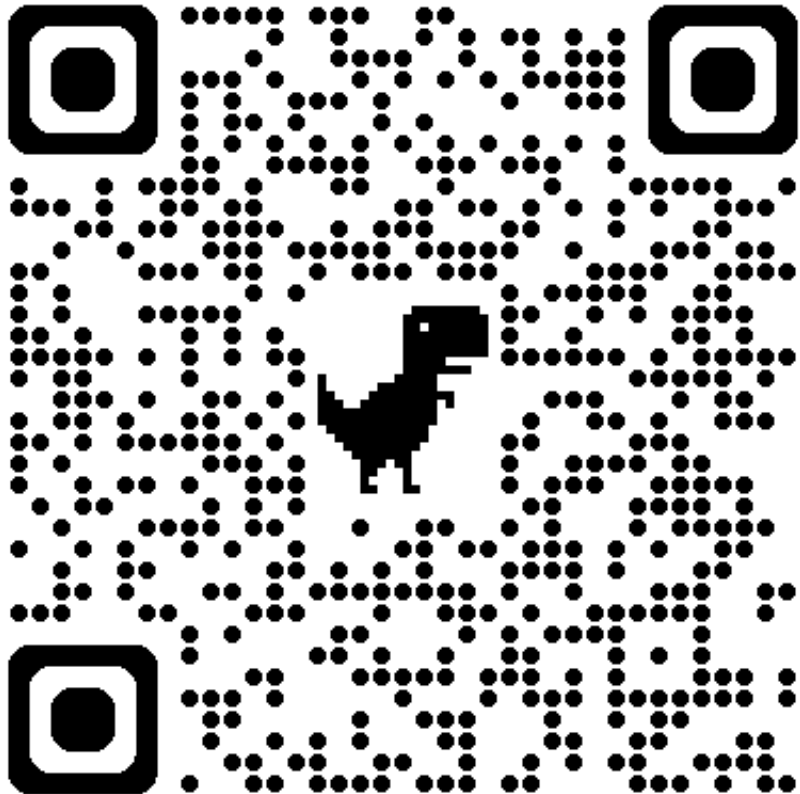


Who do you tend to team up with?

Do 'birds' of the 'same feather' flock together?

Or can you read the other bird and speak matching *language*?

How are you doing?
Tell us -



Team Map

Team map

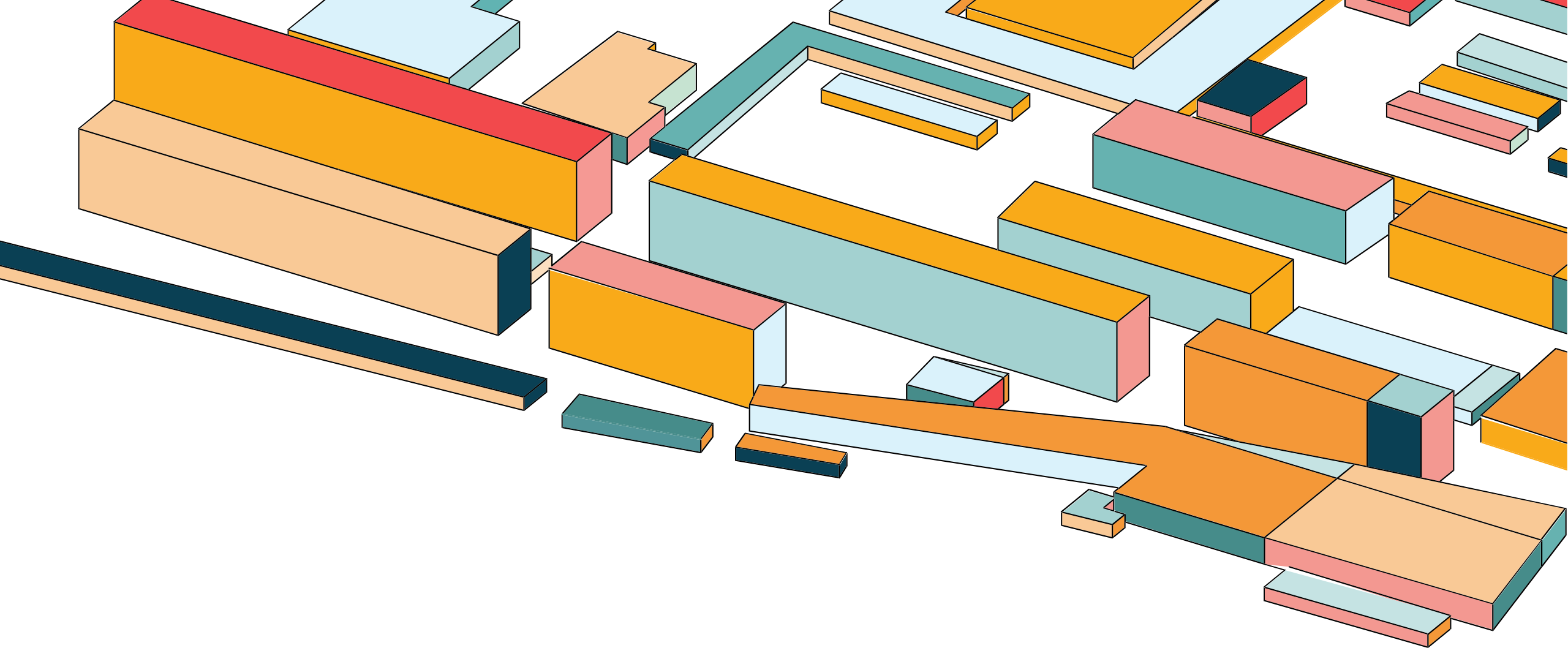
	Working Genius	Working Competency	Working Frustration
Oluwagbemiga O.	 	 	 
VICTOR K.	 	 	 

What is (are) your Working Genius(es)?

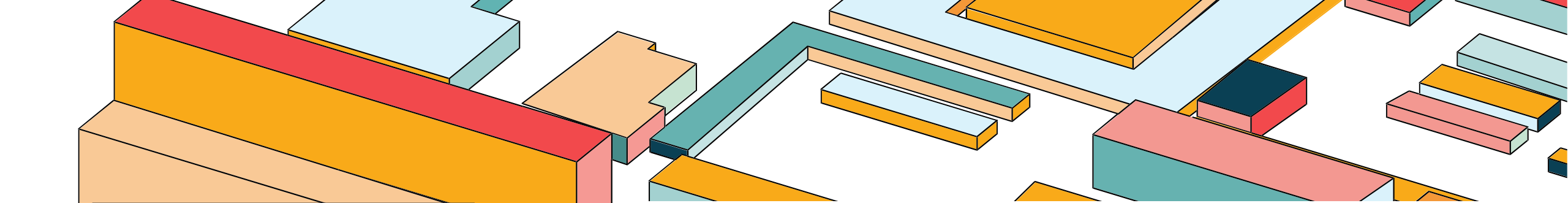
What Working Genius(es) do you need to enhance your team?

Can you find them near you – or in someone you know?

What project(s) can you go after with new vigor knowing this?



A NEW APPLICATION



**CROSSING
WORKING
GENIUS,
MENTORING,
AND CORE
COMPETENCIES**

- • ACGME competencies guide training but not team dynamics
- • Mentorship often uses a one-size-fits-all model
- • Misalignment between resident strengths and roles
- • Work in frustration areas may contribute to burnout

Working Genius Framework

- Six work styles describing how people contribute to projects:
 - • Wonder – asking key questions
 - • Invention – generating ideas
 - • Discernment – evaluating ideas
 - • Galvanizing – motivating teams
 - • Enablement – supporting collaborators
 - • Tenacity – ensuring completion



Strengths, Competencies, Frustrations

- Each person typically has:
 - 2 areas of Genius (energizing work)
 - 2 areas of Competency (adequate but neutral)
 - 2 areas of Frustration (draining work)
- Goal: Align responsibilities with Genius areas.

Working Genius → ACGME Competencies

- • Wonder → Practice-Based Learning
- • Invention → Medical Knowledge
- • Discernment → Patient Care
- • Galvanizing → Systems-Based Practice
- • Enablement → Communication Skills
- • Tenacity → Professionalism

Pilot Experience – Guthrie

- Mentor–mentee dyad assessment
- Resident strengths: Wonder, Tenacity
- Mentor strengths: Invention, Enablement
- Shared frustrations: Discernment, Galvanizing

— THE 6 TYPES OF —
Working Genius

Mentor- Mentee team map

Team Map

Team map

	Working Genius	Working Competency	Working Frustration
Oluwagbemiga O.	 	 	 
VICTOR K.	 	 	 

Pilot Observations

- • Complementary strengths improved mentoring workflow
- • ~50% reduction in frustration-based tasks
- • EMR efficiency supported patient-care tasks
- • Epic proficiency: Mentor 9/10, Resident 7/10

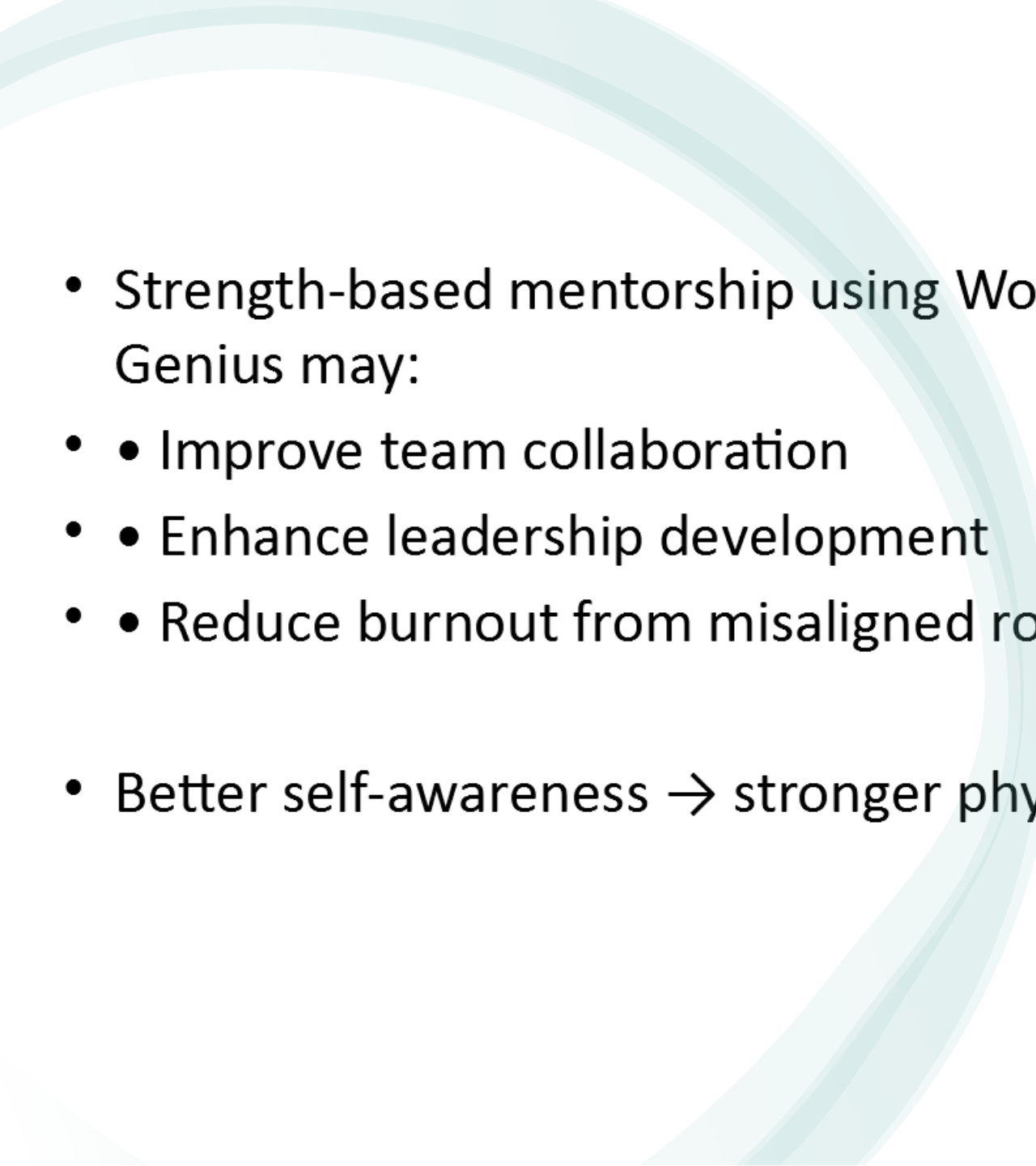
Epic

SIGNAL



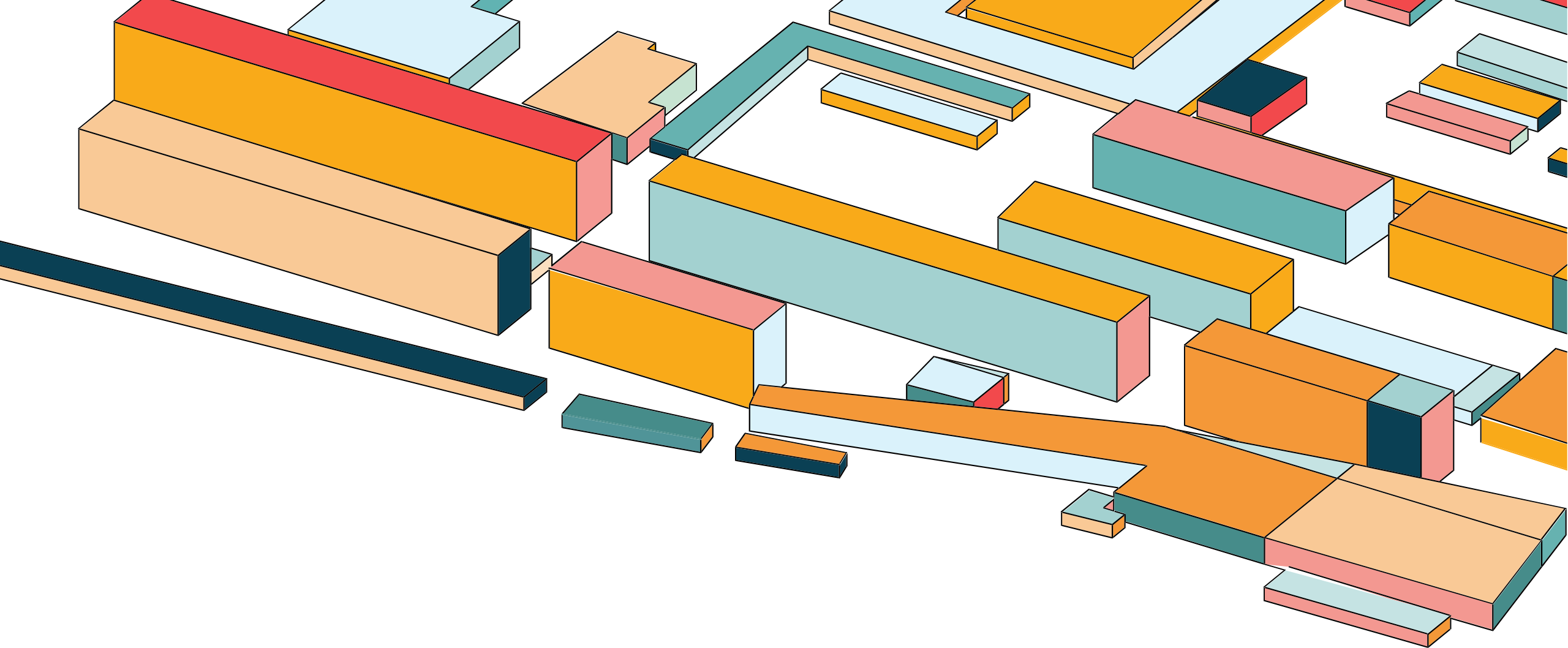
FUTURE
IMPLEMENTATION

- Phase 1 – Assess residents & faculty
- Phase 2 – Strength-based mentor pairing
- Phase 3 – Track outcomes
- Goals:
 - Improved QI productivity
 - Higher resident satisfaction
 - Stronger competency development

- 
- Strength-based mentorship using Working Genius may:
 - • Improve team collaboration
 - • Enhance leadership development
 - • Reduce burnout from misaligned roles
 - Better self-awareness → stronger physicians



Questions?



ADDITIONAL APPLICATION



Journal of Community Hospital Internal Medicine Perspectives

ISSN: (Print) 2000-9666 (Online) Journal homepage: <https://www.tandfonline.com/loi/zjch20>

A survey of primary care resident attitudes toward continuity clinic patient handover

Victor O. Kolade. Howiada H. Salim & Mohammed Siddiqui

Do you wonder if your trainees have the answers to problems in their learning environment?

Feasibility of an innovative third-year chief resident system: an internal medicine residency leadership study

Victor O. Kolade, Lisa J. Staton, Ramesh Jayarajan, Nanette K. Bentley & Xiangke Huang

Does wonder make you apply ideas
from other programs?



What may research mentoring look like?

Sophia Costan, MD (W, T)

**Q: Do you
have any
research
project I can
join? ('W')**

- Follow up questions?
 - What will said trainee/mentee contribute?
 - How much time can they invest? Over what time period?
 - Is this a 'T' that will continue until the work is done, or an 'I' that may not?
 - (You need D = discernment to predict accurately)

Who is on your side?

- Sheela Prabhu, MD (I, E, T)



80% by 2018? Accelerating Colorectal Cancer (CRC) Screening in NY and PA



Victor O. Kolade, Shilpa Pedapati, John Pamula
Guthrie Robert Packer Hospital (RPH), Sayre PA 18840



Abstract

Background – Our hospital/health system is situated amidst several counties with low rates of CRC screening. In 2016, Guthrie joined the 80% by 2018 initiative of the National Colorectal Cancer Roundtable.
Objective – To see Guthrie Robert Packer Hospital meet the American Cancer Society target of 80% CRC screening of persons aged 50-75 years by 2018.
Methods Summary – Data on CRC screening in an internal medicine clinic was obtained prior to detailing of resident providers and direct calls to patients by a resident investigator.
Results Summary – The pre-intervention 10-year colonoscopy rate was 67.6% (207 of 306) in 2016. The other 99 patients were targeted for intervention; 10 elected to have colonoscopy, 11 chose to have fecal occult blood testing, and 18 wanted to discuss CRC screening with their primary care providers (PCP). The post-intervention 10-year colonoscopy rate was 74.1% as of March 2017.

Background

care are very likely to result in poor outcomes. Rural dwellers are known to have lower rates of colorectal cancer (CRC) screening than their urban counterparts. Increasing screening rates is projected to save several lives nationwide. The Sayre Internal Medicine (IM) clinic hosts about 17000 visits a year from patients from at least five surrounding rural counties in New York (Tioga NY, Chemung, Broome) and Pennsylvania (Bradford, Tioga PA). About a fifth of these visits are to residents in their first, second or third years of training. The affiliated gastroenterology department reported a 53% site screening rate in 2015, up from a previous 35%. Prior to this project, the CRC screening rate among patients in the Sayre IM clinic who see residents was not known. Is the rate already at the 80% desired by organizations affiliated with the National Colorectal Cancer Roundtable (NCCR), including RPH? If the rate is lower than

Vision Statement



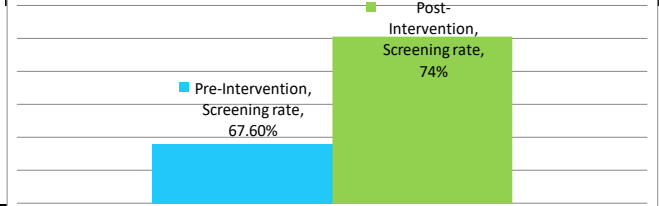
Vision: To create positive measurable change in our local communities
Mission: To create and implement a unique and sustainable approach to a local health disparity in order to move toward fulfillment of a national health objective.

3/16/2026

Materials/Methods

- **Project Requirements** – Provider recommendation of screening and documentation of completion
- **Project Assumptions** – All Bradford County PA residents use Guthrie Robert Packer Hospital (the sole hospital in this county) for medical /primary care (per 2015 Medicare data, 90% of enrollees in the same zip code as RPH use this hospital for inpatient care)
- **Stakeholders** – Gastroenterologists, Primary Care Providers – including residents, Cancer Center, Graduate Medical Education (GME) leadership, Senior Quality Director
- **Community Engagement** - The Guthrie Cancer Center hosted a CRC Community Health Day on the RPH campus in August 2016
- **Necessary Resources** – Data mining support from EMR/Epic team, involvement of the Senior Quality Director
- **Outcome Measure** – Before-and-After screening rates obtained via EMR
- **The chief investigator** (SP, a second-year IM resident) obtained information on colonoscopy rates among patients aged 50-75 and listed as having IM residents as PCPs as of September 2016. She attempted to call all those who were due for CRC screening in September and October 2016
- **Data handling** – the pre-intervention rate was calculated from September 2016 data as persons who had completed colonoscopy within the preceding 10 years divided by the total number of patients aged 50-75. The post-intervention rate was calculated from March 2017 data as persons who had completed colonoscopy within the preceding 10 years divided by the total number of patients aged 50-75.

Results

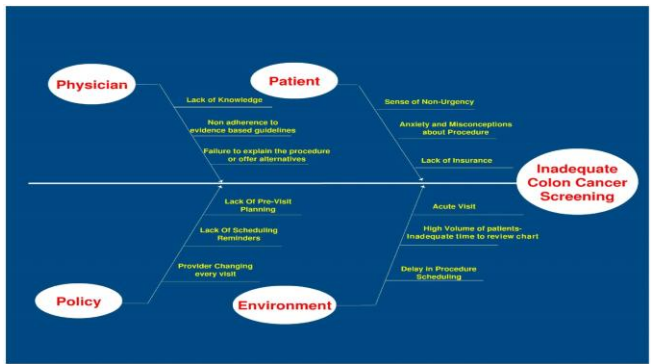


Success Factors and Lessons Learned (Discussion)

A fifth of patients at average risk for CRC committed to having screening done after direct contact/discussion of the issue. Although colonoscopy is typically the commonest form of screening performed, as many patients in this study as planned colonoscopy chose fecal occult testing. Nearly another fifth expressed willingness to discuss screening with their primary care providers. This suggests that patients rely on their PCPs to help them navigate screening for colorectal and perhaps other cancers. Providing protected office time for telephone screening discussions with patients may be a good way to improve CRC screening rates.

Barriers Encountered/Limitations

- A. Barriers/Limitations affecting this project:
- I. GME Leadership Transitions
 - II. Changes in Team Composition
 - III. Relative Inexperience of Team Members in Prosecuting a Community-Based Project
 - IV. Time Constraints affecting team member commitment to, and activity on, the project
- B. Barriers affecting CRC screening in the IM residency clinic:



Conclusions

It is possible to increase CRC screening rates in internal medicine resident clinics via direct approach of patients by a resident in the practice. If the improvement seen so far is spread and sustained, our region will achieve the national goal of 80% screening by 2018, thus eliminating a disparity and saving lives.

Bibliography

- Centers for Disease Control and Prevention. Vital signs: colorectal cancer screening, incidence, and mortality --- United States, 2002--2010. *MMWR Morb Mortal Wkly Rep.* 2011;60(26):884-889.
- Cole AM, Jackson JE, Doescher M. Urban-rural disparities in colorectal cancer screening: cross-sectional analysis of 1998-2005 data from the Centers for Disease Control's Behavioral Risk Factor Surveillance Study. *Cancer Med.* 2012;1(3):350-356.
- Meester RG, Doubeni CA, Zauber AG, et al. Public health impact of achieving 80% colorectal cancer screening rates in the United States by 2018. *Cancer.* 2015;121(13):2281-2285.
- American Hospital Directory (2016). Guthrie Robert Packer Hospital. Retrieved on 2/28/17 from: https://www.ahd.com/free_profile/390079/Guthrie_Robert_Packer_Hospital/Sayre/Pennsylvania/



Contents lists available at ScienceDirect

Preventive Medicine Reports

journal homepage: <http://ees.elsevier.com/pmedr>



Exercise is Medicine™: A pilot study linking primary care with community physical activity support

Gregory W. Heath^{a,b,c,*}, Victor O. Kolade^d, James W. Haynes^e

^a Department of Health and Human Performance, University of Tennessee at Chattanooga, Chattanooga, TN, USA

^b Department of Internal Medicine, UT College of Medicine Chattanooga, Chattanooga, TN, USA

Who can you enable? |

Knowledge of Addiction Medicine among Internal Medicine Residents and Medical Students

By Angel T. Brown, MD; Victor O. Kolade, MD; Lisa J. Staton, MD; and Neha K. Patel, BS

Build on your failure (E)

How do you
get 'pending'
research
finished?



MEDICAL EDUCATION/MEDICAL STUDENT

Documentation of quality improvement exposure by internal medicine residency applicants

Victor O. Kolade, MD^{1*} and Anuradha Sethi, MPH²

¹Department of Internal Medicine, The Guthrie Clinic, Sayre, PA, USA; ²Department of Bio Boston University, Boston, MA, USA

Background: Quality improvement (QI) has become an essential component of medicine in the United States. In residency programs, QI is a focus area of the Clinical Learning Environment visits conducted by the Accreditation Council for Graduate Medical Education. The readiness of internal medicine residency applicants to engage in QI on day one is unknown.

What if your manuscript is not accepted?

MS_8076r2 Kaako.pdf - Adobe Reader

File Edit View Window Help



Tools Sign Comment

Thank you for re-submitting your manuscript entitled “Mediastinal Extragonadal Seminoma Presenting as Severe Back Pain in a Young Male” to the *Journal of General Internal Medicine*. We are sorry to inform you that, after careful consideration of your paper, we have been unable to assign it sufficient priority to allow publication in the *Journal*. While we greatly appreciate your hard work and responses to our previous concerns, your clarifications have exposed weaknesses in the paper that make it less competitive compared to other manuscripts currently under consideration.

As you consider sending this paper elsewhere, addressing the following points may strengthen it further:

1. Clearly define distinct learning objectives.
2. More elaboration of the thought process of the diagnostic work-up.
3. More elaboration on any unique characteristics of this case that separates it from other cases in the current literature.
4. Consider significantly increasing the literature review and submitting as a review article on seminomas.
5. More outside readers to edit regarding manuscript organization, wording, and flow.

We appreciate receiving your manuscript and having the opportunity to consider it. We hope these comments will be useful as you pursue publication in another journal. Thank you for considering *JGIM* for your work, and we hope you continue to submit manuscripts to us in the future.



Apply Tenacity, send it somewhere else!

Kaako EGGCT cover letter TN Med [Compatibility Mode] - Microsoft Word

File Home Insert Page Layout References Mailings Review View EndNote Web

Times New Rom 12 A A Aa Font Paragraph Styles

Emphasis Heading 1 Normal Strong Subtitle Title No Spaci...

Find Replace Select Editing

1 2 3 4 5 6 7

David G. Gerkin, MD
Tennessee Medicine
2301 21st Avenue South
Nashville, TN 37212

November 9, 2010

Dear Dr Gerkin,

Please consider the attached manuscript "Mediastinal Extragonadal Seminoma Presenting as Severe Back Pain in a Young Male" for publication in Tennessee Medicine. It describes a case of upper back pain caused by intrathoracic malignancy in a young male and highlights the need for vigilance by clinicians.

Both authors of the manuscript meet authorship criteria; no competing interests exist. It is not being considered for publication or presentation elsewhere. There is no financial support from commercial sources for the work reported. Neither author has any financial interest in the subject matter discussed in the manuscript.

We hereby transfer, assign, or otherwise convey all copyright ownership, including any and all rights incidental thereto, exclusively to the journal, in the event that such work is published by the journal.

Page: 1 of 1 Words: 199

100% 5:11 PM 7/8/2012

Tenn Med. 2011 Oct;104(9):41-5.

Mediastinal extragonadal seminoma presenting as severe back pain in a young male.

Kaako A, Kolade VO.

Hospitalist Office, Sparks Regionals Medical Center, Fort Smith, AR 72901, USA. ahmadkaako@hotmail.com

Abstract

Back pain is a common complaint in the outpatient setting. The etiology is most often benign but it can be a serious, even life-threatening problem. This report describes a 33-year-old Caucasian male who presented with severe upper back pain for three weeks that did not respond to symptomatic outpatient treatment. Imaging studies revealed a mediastinal mass and lymphadenopathy with superior vena cava and tracheal compression. Pathology showed a poorly-differentiated malignant neoplasm consistent with seminoma. No evidence of primary testicular tumor was found. His atypical presentation of back pain was thus consistent with an extragonadal seminoma in the mediastinum.

PMID: 22073516 [PubMed - indexed for MEDLINE]

+ Publication Types, MeSH Terms

+ LinkOut - more resources

Supplemental information

See reviews...

See all...

Save items

☆ Favorite

Related citations in PubMed

Upper gastrointestinal hemorrhage as a rare extragonadal [Int J Urol. 2007]

Testicular seminoma occurring 8 years after treatment [Int J Urol. 2007]

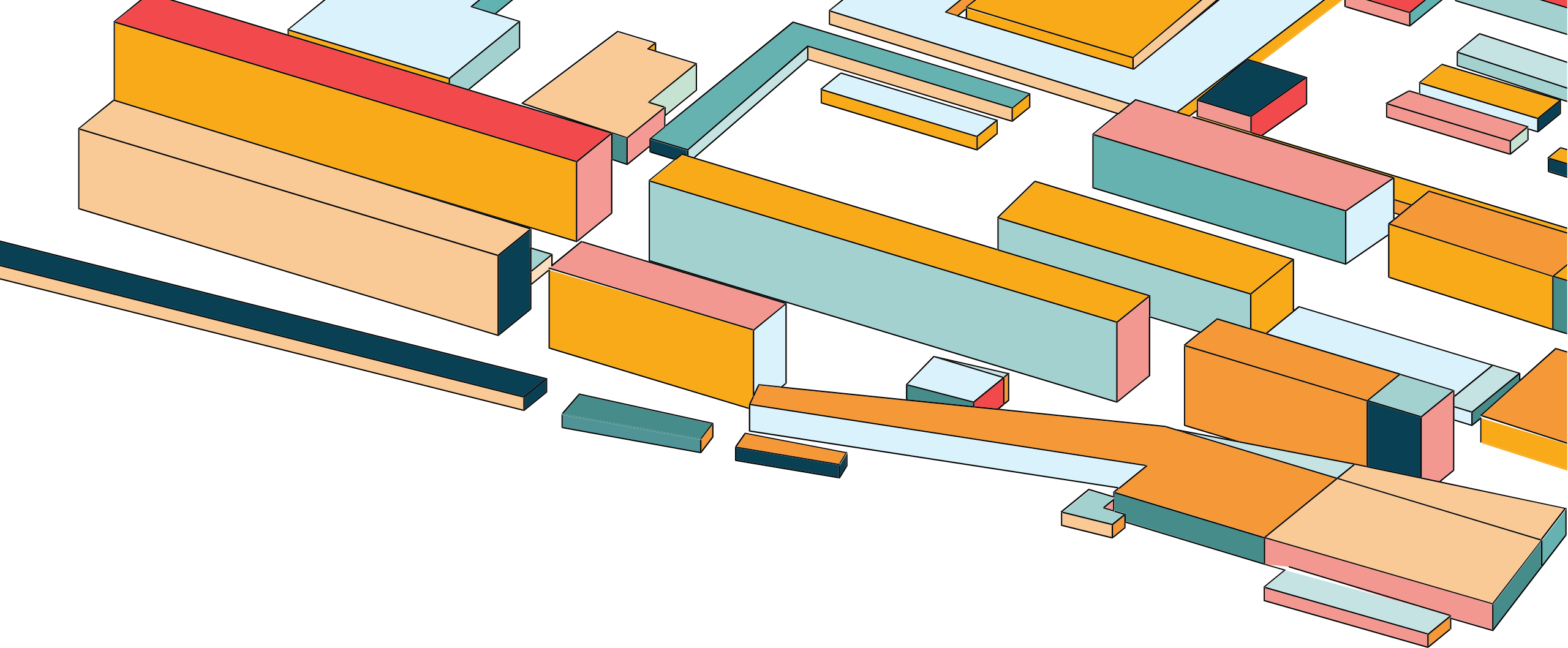
Video-assisted thoracoscopic surgery for [Ann Thorac Surg. 2010]

Review [Metachronous testicular s [Nihon Hinyokika Gakkai Zasshi....]

Review Germ-cell tumors of the mediastir [Semin Diagn Pathol. 1999]

Recent activity


Turn Off Clear



CLOSING THOUGHTS

Does genius change?
Or run out?
What does a 'mid-life
crisis' look like for an
educator?
Or a trainee?
What leads to burnout?



A 3D rendering of a white puzzle with one red piece missing. The red piece is the central focus, and the surrounding white pieces are arranged in a grid pattern. The lighting is soft, creating subtle shadows and highlights on the puzzle pieces.

How do you
decide which
team to join?

I needs E (and at least 1 other I)

NEXT STEPS



Have you discovered anything about yourself and your journey?



Gained any ideas about what to do to enhance your teams?

SUMMARY

- You have one (or more) Working Genius(es); identifying it (them) can increase your scholarly activity output
- You can detect Working Genius in others and create efficient teams

VICTOR, the information below summarizes the results of your assessment.

WORKING GENIUS:

Your areas of Working Genius are **Enablement** and **Invention**.



You are naturally gifted at and derive energy and joy from providing others with encouragement and assistance for projects and tasks.



You are naturally gifted at and derive energy and joy from creating original and novel ideas and solutions.

WORKING COMPETENCY:

Your areas of Working Competency are **Wonder** and **Galvanizing**.



You are capable of and don't mind pondering the possibility of greater potential and opportunity in a given situation.



You are capable of and don't mind rallying people and inspiring them to take action around ideas, projects, or tasks.

Acknowledgement

AARUSHI VENKATRAMAN, MD (T, G)

REMI AJALA, MD (D, T)



Thank you to all creators of the future

- Memorial Day, originally called Decoration Day, is a day of remembrance for those who died in service to their country
- It became an official federal holiday in 1971, known as Prayer for Peace, Memorial Day





Victor Kolade, MD

Core Faculty, Internal Medicine Residency; Professor of Medicine & Regional Clerkship Director for Internal Medicine, Geisinger Commonwealth School of Medicine; Adjunct Clinical Professor in Internal Medicine, Lake Erie College of Osteopathic Medicine

Guthrie Robert Packer Hospital

Phone: (570) 887 – 3608

Email: victor.kolade@guthrie.org

THANK YOU

Questions?
Comments?

