Leadership Development

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Orthopaedic History

American Orthopaedic Association (AOA) – 1887

1933

American Academy of Orthopaedic Surgeons

CME Advocacy

1934

American Board of Orthopaedic Surgery

GME Orthopaedic Leadership

Certification
Fellowship Year – Transitioning to Independent Practice

4yrs
UGME Medical School

5yrs
GME Residency
6 Core Competencies
Milestones 2.0
Competency based curriculum
Assessment tools
OITE 2.0

1yr
GME Fellowship

9 subspecialties

ABOS Part I
ABOS - Cert/MOC
ACGME/RRC
AAOS
AOA/CORD
AAOS

ABOS Part II
AAOS – CME
AOA – Leadership, ELP,
APEX
Subspecialty Societies
CME/Leadership

4yrs 5yrs 1yr “Life Long Learning”

ABOS Part II
CME Independent Practice
MOC

“Life Long Learning”

Transition to Practice Lecture Series
Transition to Practice Topics

1. Choosing a practice (SBP)
2. Contract negotiations (P)
3. Coding and billing (SBP)
4. Leadership development (P)
5. Burnout and physician wellbeing (P)
6. Personal finance (P)
7. Healthcare quality: measuring physician performance (PBL, SBP)
8. Anatomy of the litigation process (P, SBP)
9. Advocacy (P)
10. Preparing for ABOS Part II Oral Exam (PBL)
Leadership

• Leadership is the ability to influence others to achieve a common goal
  • Develop a common, adopted vision
  • Develop strategies to achieve vision
  • Communicate to those whose cooperation is necessary
  • Create coalitions/teams that understand & accept vision AND strategies
  • Motivate to overcome barriers
  • Provide necessary resources

• Fundamentally, every patient encounter and operative case is a leadership opportunity
Levels of Leadership

• Leadership can be broadly defined at 3 levels:
  • Tactical (small group/unit) level dedicated to the immediate actions to achieve the Mission
    • E.g. Operating room or Clinic
  • Operational (Division) level dedicated to the integration of other units’ actions into cohesive plan
    • E.g. Peri-Operative Division (Pre-op, OR, PACU, Discharge units)
  • Strategic (Department) level dedicated to the long-range planning, resource allocation, and standards & policy towards Mission and Vision
    • E.g. Department of Orthopaedic Surgery, Hospital C-Suite
Commonly Confused Terms

“We herd sheep, we drive cattle, we lead people”
~ GEN George S. Patton

**Management** refers to the administration of an organization and stewardship of resources
- While good leaders have strong management skills, people generally do not like to be “managed”
- Manage resources : Lead people

**Command** refers to the legal authority to authoritatively direct actions, typically by position/title
- While all Commanders are in leadership positions, not all Commanders have strong leadership skills
- Command organizations : Lead people

**Director** refers to a person who oversees an activity or organization
- Direct activities : Lead People
Types of Leadership

• Transactional
  • Achieves mission by changing the actions of people
    • “Carrots vs. Sticks” style of leadership
    • Change happens quickly but does not persist

• Transformational
  • Achieves mission by changing the beliefs of people
    • “Charismatic” style of leadership
    • Change happens slowly over time but persistent
Common Leadership Missteps

- Communication
- Bias
- Poor Feedback
- Poor Conflict Resolution
Orthopaedic Organizations

• **Societies** – AOA, AAOS, subspecialty, ABOS, many opportunities
• **Group Practice** – business, c-suite
• **Hospitals** – committees, boards
• **Department** – committees, vice-chairs
• **Community** – church, clubs
• **Other**
Orthopaedic Educational Pathway

UGME Medical School

4yrs

GME Residency
6 Core Competencies
OITE Milestones

UGME Medical School

5yrs

ABOS Part I

GME

ABOS Part II

ABOS - Cert/MOC
AAOS – CME
AOA – Leadership
Subspecialty Societies
CME/Leadership

CME Independent Practice
MOC

1yr

Fellowship (9)

“Life Long Learning”

ABOS Part I

ABOS Part II

ABOS - Cert/MOC
AAOS – CME
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Subspecialty Societies
CME/Leadership

GME
Orthopaedic Educational Pathway – Residency

4 yrs
UGME
Medical School

5 yrs
GME
Residency
6 Core Competencies
OITE Milestones

1 yr
ABOS Part I
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Fellowship (9)

ABOS Part II
CME
Independent Practice
MOC

“Life Long Learning”

GME

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Fellowship Year – Transitioning to Independent Practice

- Fellowship
- GME
- Residency
- 6 Core Competencies
- Milestones 2.0
- Competency based curriculum
- Assessment tools
- OITE 2.0

- Milestones 2.0
- Competency based curriculum
- Assessment tools
- OITE 2.0

- ABOS Part I
- ABOS
- ACGME/RRC
- AOA/CORD
- AAOS

- ABOS Part II
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- AAOS – CME
- AOA – Leadership, ELP, APEX
- Subspecialty Societies
- CME/Leadership

- 4yrs
- UGME
- Medical School

- 5yrs
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- 6 Core Competencies
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- 1yr
- Fellowship

- 9 subspecialties

- "Life Long Learning"

- ABOS Part II
- CME
- Independent Practice
- MOC

Transition to Practice Lecture Series
Orthopaedic Educational Pathway
Independent Practice

4yrs
UGME
Medical School

5yrs
GME
Residency
6 Core Competencies
OITE Milestones

1yr
Fellowship
(9)

“Life Long Learning”

ABOS Part I
ABOS
ACGME/RRC
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AAOS

ABOS Part II
ABOS - Cert/MOC
AAOS – CME
AOA – Leadership, ELP,
APEX, Travelling Fellowships
Subspecialty Societies
CME/Leadership

CME
Independent Practice
MOC

Transition to Practice Lecture Series
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Orthopaedic Educational Pathway
Residency

- UGME Medical School
- GME Residency
  - 6 Core Competencies
  - Milestones 2.0
  - Competency based curriculum
  - Assessment tools
  - OITE 2.0
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Involvement in Orthopaedic Societies

• What are your interests?
  • Clinical development
  • Networking
  • Leadership development
  • Advocacy/policy development
  • Research and/or innovation
  • Mentorship/trainee development
  • Education
    • GME
    • CME
Involvement in Orthopaedic Societies

• How can I be involved?
  • Become a member – subspecialty society, AOA, AAOS, other
  • Apply for a committee, ex., education, advocacy, research, technology
  • Volunteer as a course instructor
  • Volunteer as a journal reviewer – subspecialty, JBJS, JAAOS, JOR
  • Contribute funds for grants/fellowships/resources
  • Become a mentor to new and emerging leaders
Benefits of Society Memberships

• Broadens your professional network
• Helps stay up to date on treatment trends & controversies
• Increases level of expertise/credentialing
• Strengthens practice management
• Provides access to research studies/resources
• Provides access to traveling fellowships/international opportunities
• Increases leadership and professional development opportunities
• Offers collaboration with colleagues on advocacy issues
• Volunteer opportunities
Orthopaedic Societies

• Geographic focus
  • State
  • Regional
  • National

• Subspecialty focus

• Advocacy/business focus

• Clinical practice focus

• Specific interest focus
## National Surgical Societies

<table>
<thead>
<tr>
<th>Society</th>
<th>Focus</th>
<th>Membership Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAOS</td>
<td>Orthopaedic Surgery – Advocacy, CME, Career and Patient Resources</td>
<td>Resident and Candidate (Board eligible) Membership available</td>
</tr>
<tr>
<td>AOA</td>
<td>Orthopaedic Surgery – Leadership and Academic development</td>
<td>Peer Reviewed Process - nomination by 2 AOA members</td>
</tr>
<tr>
<td>SOMOS</td>
<td>Military Orthopaedic Surgeons</td>
<td>Active duty, reserve, retired, and honorably discharged Orthopaedic surgeons and/or active fellows in a fellowship training program. Also includes non-military</td>
</tr>
<tr>
<td>RIOS</td>
<td>Women in Orthopaedics</td>
<td>Open to all genders; Student, Resident and Candidate (Board eligible) membership available</td>
</tr>
<tr>
<td>JRGOS</td>
<td>Underrepresented Minorities in Orthopaedics</td>
<td>Open to all ethnicities; Student, Resident and Active membership available</td>
</tr>
<tr>
<td>AALOS</td>
<td>Orthopaedic Surgeons of Latino Descent</td>
<td>Open to all ethnicities; Student, Resident and Active membership available</td>
</tr>
<tr>
<td>AWS</td>
<td>Women in Surgery</td>
<td>Open to all genders and surgical specialties</td>
</tr>
</tbody>
</table>
AOA Timeline
AOA’s Mission

Engaging the orthopaedic community to develop leaders, strategies, and resources to guide the future of musculoskeletal care.
AOA’s Vision

AOA will inspire the orthopaedic community to excellence through leadership.
Goals & Objectives

• Identify Leaders (at all levels!)
• Develop and enhance competency of orthopaedic leadership
• Confront the most relevant issues facing orthopaedics
• **Collaborate** with other orthopaedic organizations to achieve excellence through leadership
  • AAOS
  • ABOS
  • Subspecialty Societies
  • Residents/Fellows
AOA Programs

• C. McCollister Evarts Resident Leadership Forum (RLF) - R4
• Emerging Leaders Program (ELP)—32-45
  • Emerging Leaders Forum (ELF)
  • Other leadership and career development opportunities
• Traveling Fellowships – Age 35-45
  • North American Traveling Fellowship (NATF)
  • American British Canadian (ABC)
  • Japanese Orthopedic Association (JOA)
  • Austrian Swiss German (ASG)
• AOA USC APEX Leadership Program – Age 35-60
  • Partnered with USC
  • Business/Leadership Development Program
• AOA Membership
  • Committees (Multiple Opportunities)
• Council of Orthopaedic Residency Directors (CORD)
  • Residency education leadership
# Regional Societies

<table>
<thead>
<tr>
<th>Regional Societies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Orthopaedic Association</td>
</tr>
<tr>
<td>Mid-America Orthopaedic Association</td>
</tr>
<tr>
<td>Mid-Central States Orthopaedic Society</td>
</tr>
<tr>
<td>New England Orthopaedic Society</td>
</tr>
<tr>
<td>North Pacific Orthopaedic Society</td>
</tr>
<tr>
<td>Southern Orthopaedic Association</td>
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<tr>
<td>Western Orthopaedic Association</td>
</tr>
<tr>
<td>Canadian Orthopaedic Association</td>
</tr>
</tbody>
</table>

| State Level Orthopaedic Societies        |
# Subspecialty Societies

<table>
<thead>
<tr>
<th>Society</th>
<th>Subspecialty</th>
<th>Position Categories</th>
<th>Minimum Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAHKS</td>
<td>Total Joint/Adult</td>
<td>1. Arthroplasty Surgeon in Training</td>
<td>1. Resident</td>
</tr>
<tr>
<td></td>
<td>Recon</td>
<td>2. Candidate Member</td>
<td>2. Board Eligible; AAOS Member</td>
</tr>
<tr>
<td>AANA</td>
<td>Arthroscopy</td>
<td>1. Resident/Fellow Member</td>
<td>1. Resident or Fellow</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Associate Member</td>
<td>2. Board Eligible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Active Member</td>
<td>3. Board Certified</td>
</tr>
<tr>
<td>AOFAS</td>
<td>Foot and Ankle</td>
<td>1. Surgeon in Training</td>
<td>1. Resident/Fellow only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Candidate Member</td>
<td>2. Board Eligible; AAOS Member</td>
</tr>
<tr>
<td>AOSSM</td>
<td>Sports Medicine</td>
<td>1. Resident Member</td>
<td>1. Resident; must attend AOSSM meeting within 4 years</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Candidate Member</td>
<td>2. Sports fellow or &lt;1 year out of fellowship’ must attend AOSSM meeting within 4 years</td>
</tr>
</tbody>
</table>
### Subspecialty Societies (cont’d)

<table>
<thead>
<tr>
<th>Society</th>
<th>Subspecialty</th>
<th>Position Categories</th>
<th>Minimum Criteria</th>
</tr>
</thead>
</table>
| ASES    | Shoulder and Elbow | 1. Fellow Member  
2. Candidate Member | 1. Fellow in ASES fellowship or fellowship with  
1+ ASES members  
2. Completed ASES fellowship or fellowship with  
1+ ASES members |
| ASSH    | Hand/Wrist        | 1. Candidate Member                 | 1. Within 3 years of orthopaedic residency                                        |
| MSTS    | Oncology          | 1. Candidate Member                 | 1. Enrolled or completed MSTS fellowship                                          |
| NASS    | Spine             | 1. Associate Member  
2. Active Member | 1. Board Eligible  
2. Board Certified; >50% spine practice                                              |
| OTA     | Trauma            | 1. Candidate Member                 | 1. Trauma fellowship or equivalent training                                         |
| POSNA   | Pediatric Ortho   | 1. Candidate Member                 | 1. Resident accepted in peds fellowship; >50% pediatric practice                   |
## Specific Leadership Development Programs

<table>
<thead>
<tr>
<th>Society</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOA</td>
<td>RLF, Emerging Leaders Program, AOA Traveling Fellowships</td>
</tr>
<tr>
<td>ORS</td>
<td>Women Leadership Forum</td>
</tr>
<tr>
<td>ASSH</td>
<td>Young Leaders Program</td>
</tr>
<tr>
<td>AOFAS</td>
<td>Women’s Leadership Initiative</td>
</tr>
</tbody>
</table>

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Typical Requirements for Subspecialty Society Membership (after fellowship)

• Application Form
• Board Certification (ABOS), some have SSC requirements.
• Curriculum Vitae
• Sponsor form(s) – from program director, fellowship director, society member or peers
• Professional Photo
• Application Fee
Am I overextending myself?

• Remember to prioritize your patients and clinical practice
• Start by focusing involvement in a couple areas of interest
• Expand involvement as time dictates
• Don’t overpromise/underdeliver
• Learn how and when to say “no” or “I cannot right now”
• On joining committees: “Join to make a difference...in a positive way!”
“Be a Leader, Make a Difference, Enjoy!”
- Dick Burton, MD
“Always do the right thing. This will satisfy some people and astonish others.”

- Benjamin Franklin

Thank You!
Please help us improve our support of best practices in education: Use this survey to provide your feedback about this module.

Submit questions or comments about the Transition to Practice Lecture Series to cord@aoassn.org