

Transition to Practice Lecture Series



THE AMERICAN ORTHOPAEDIC ASSOCIATION®

Leading the profession since 1887

Fellowship Education Coalition

Leadership Development

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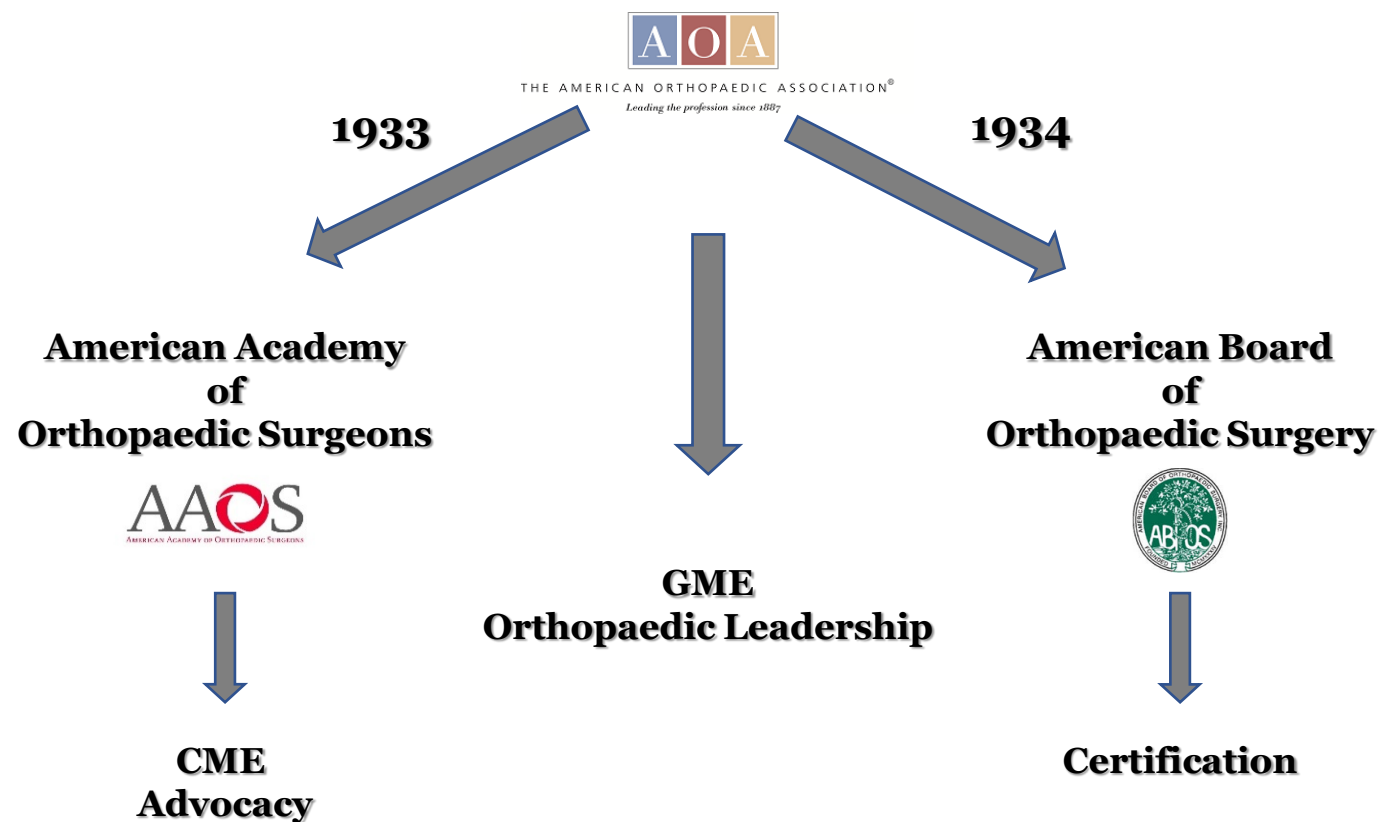
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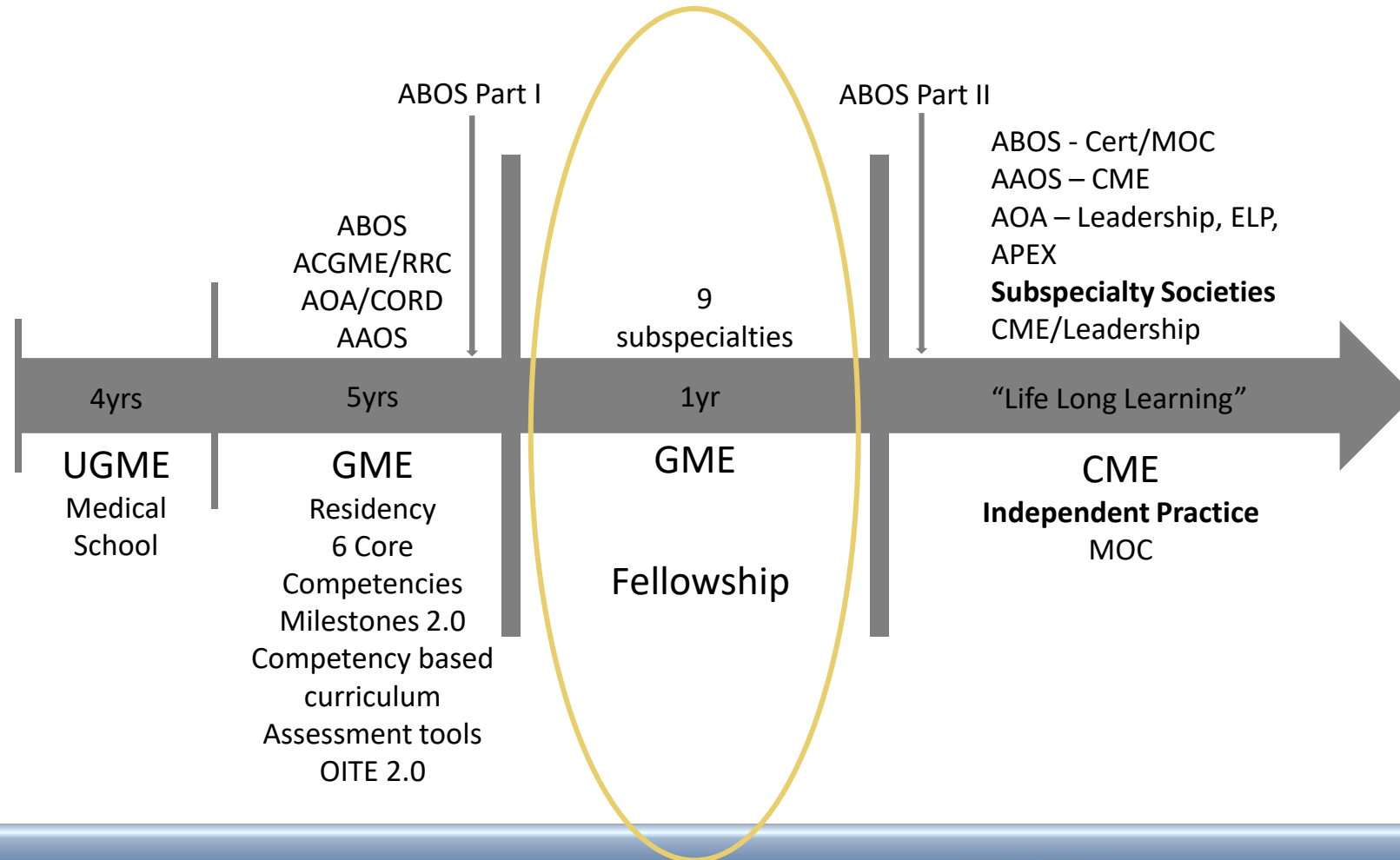
Orthopaedic History



American Orthopaedic Association (AOA) – 1887



Fellowship Year – Transitioning to Independent Practice



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

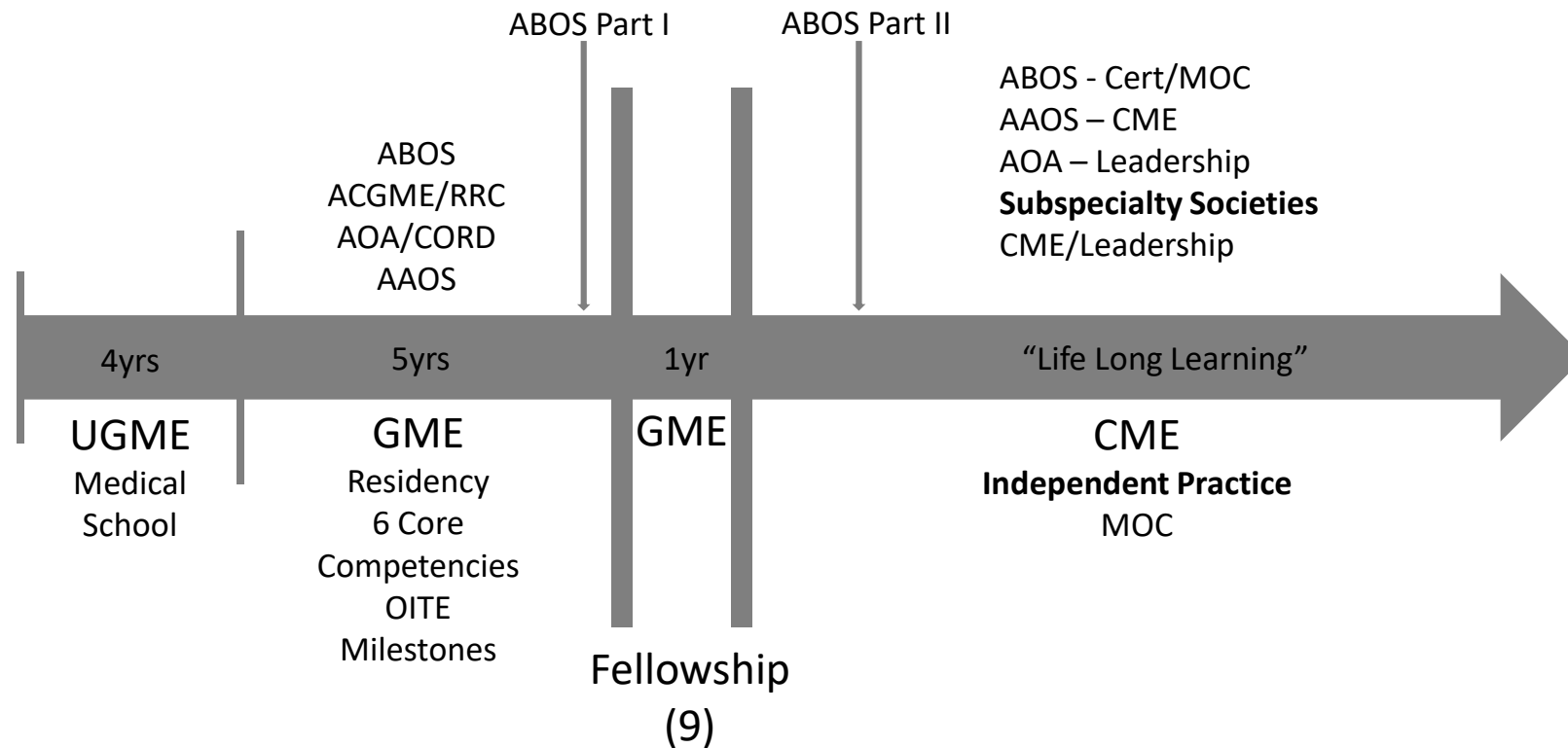


Poor Conflict
Resolution

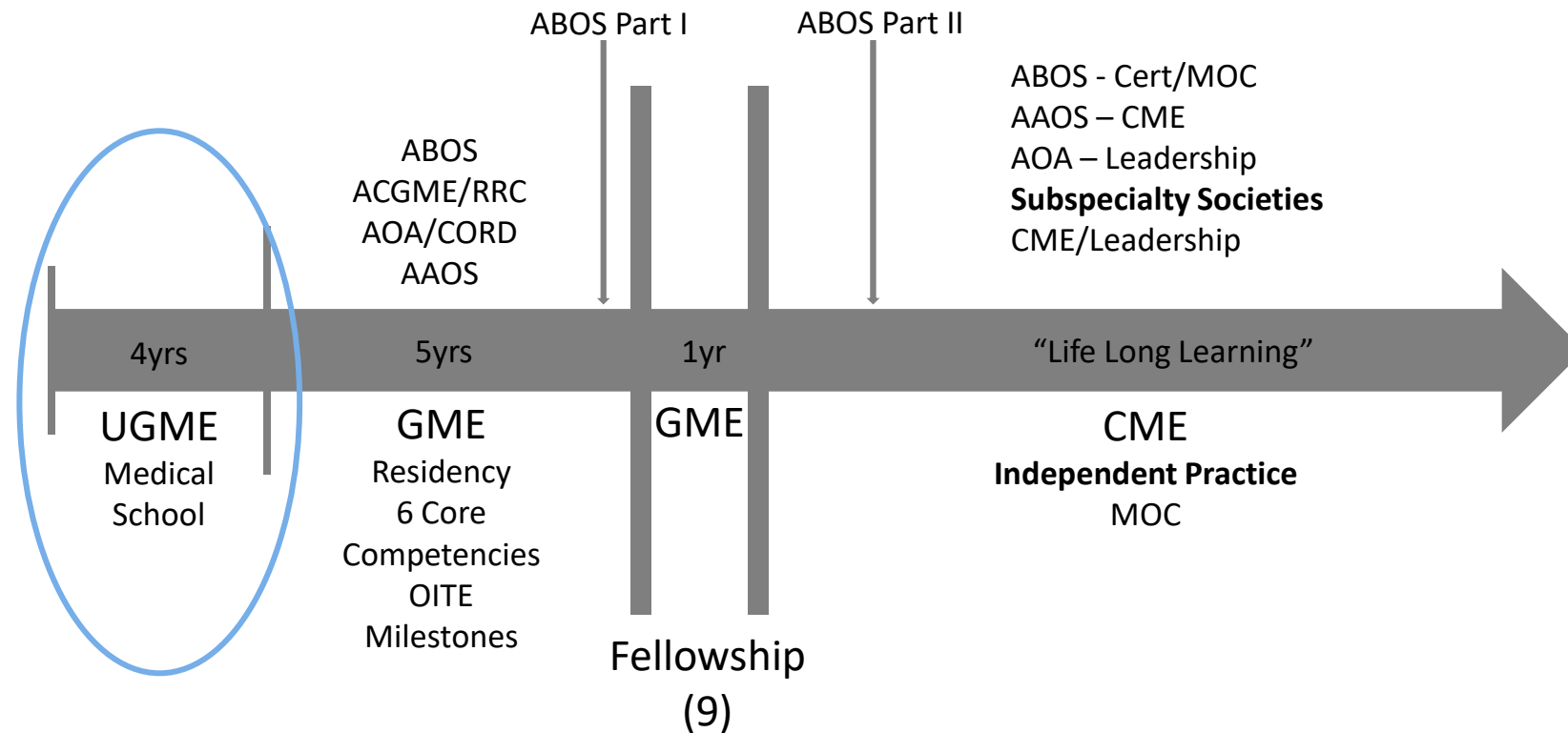
Orthopaedic Organizations

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

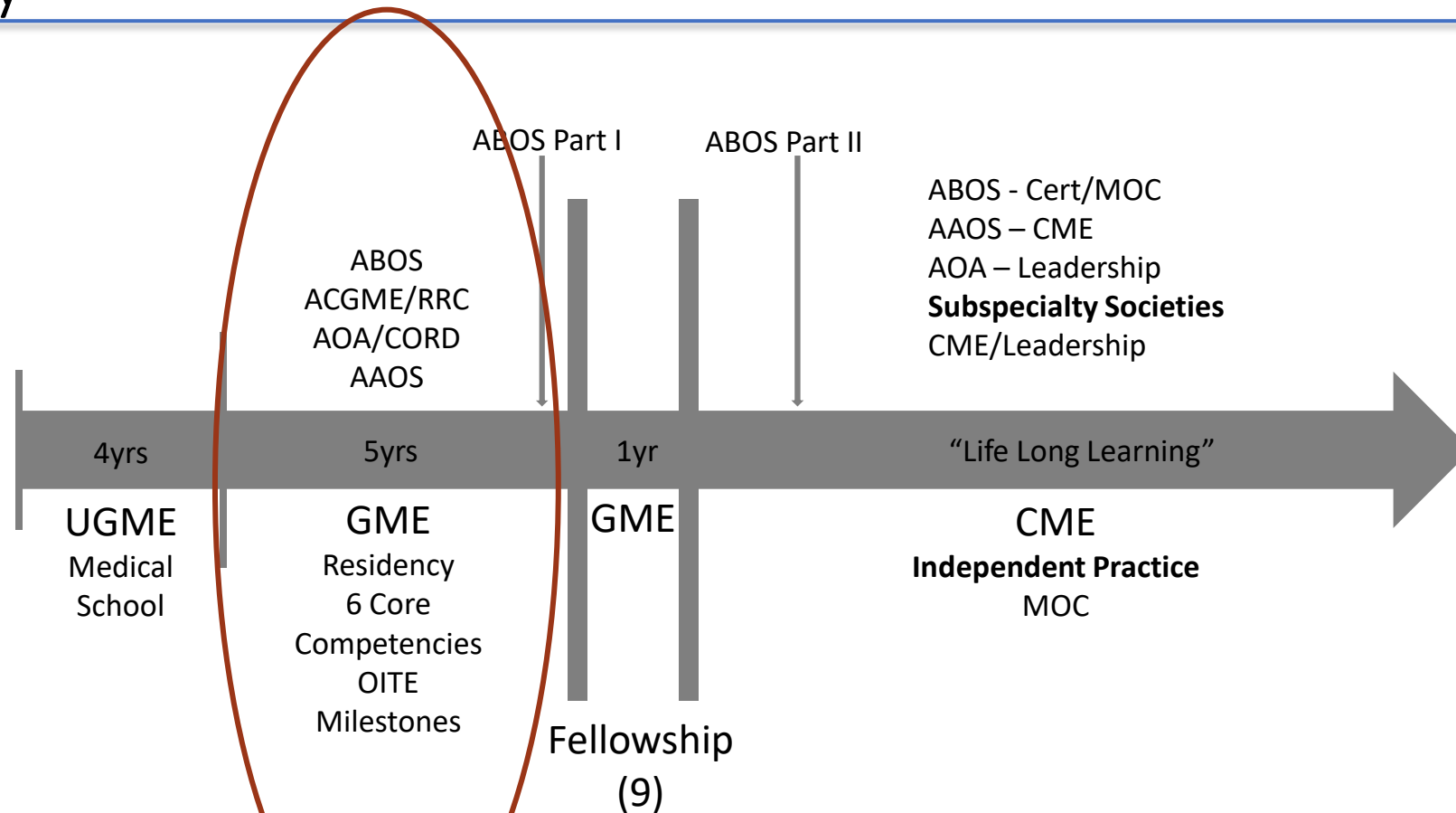
Orthopaedic Educational Pathway



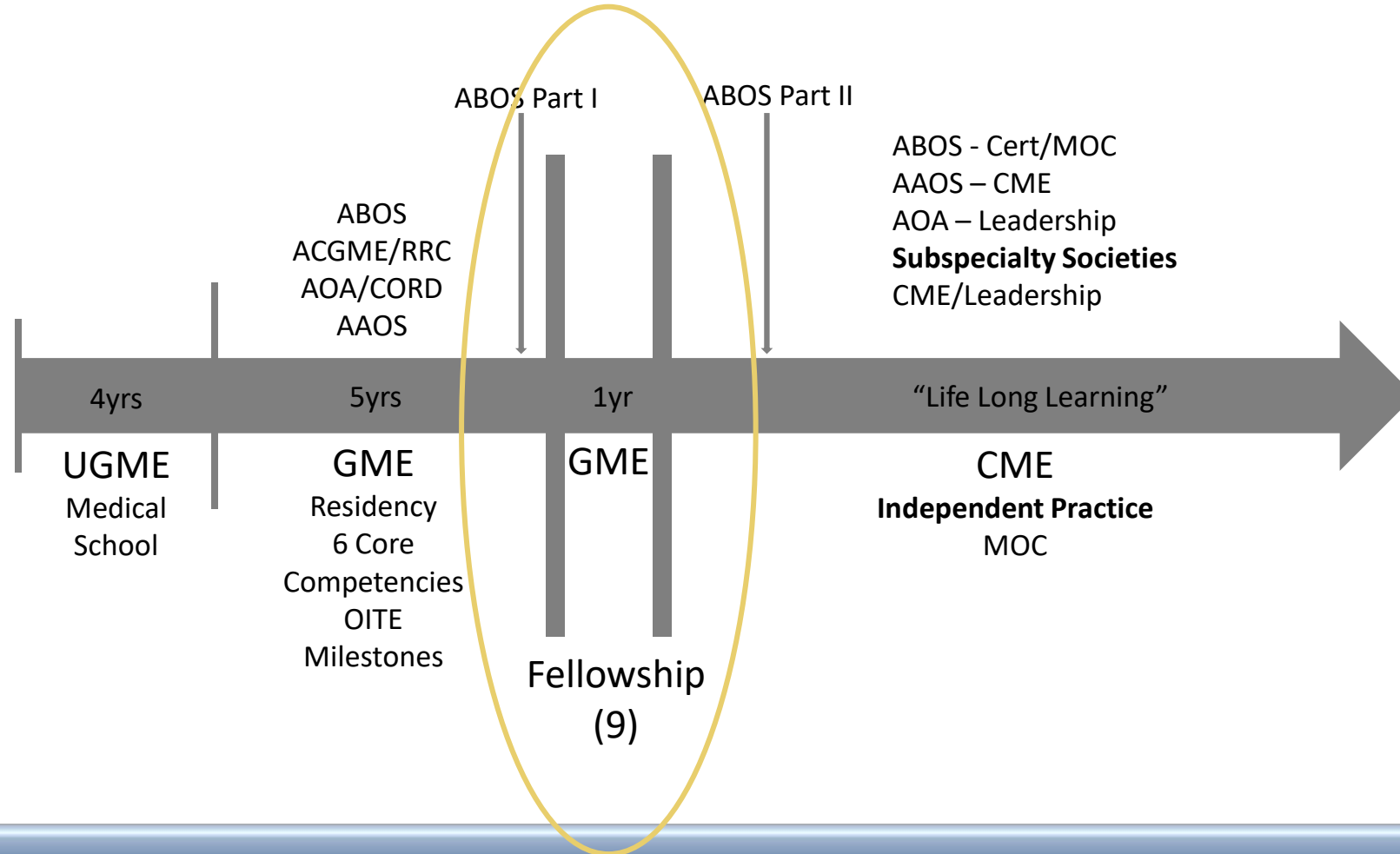
Orthopaedic Educational Pathway – Medical School



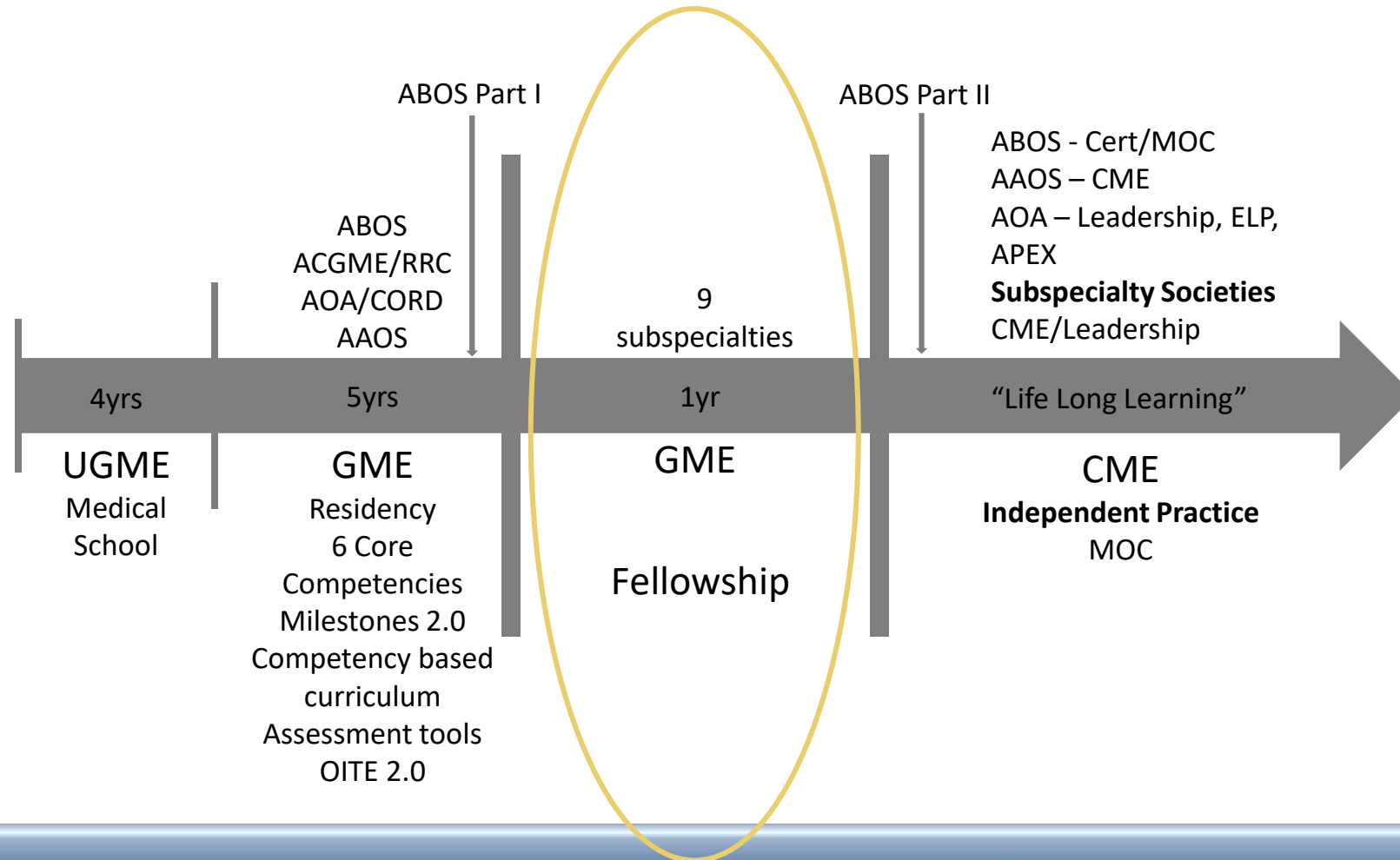
Orthopaedic Educational Pathway – Residency



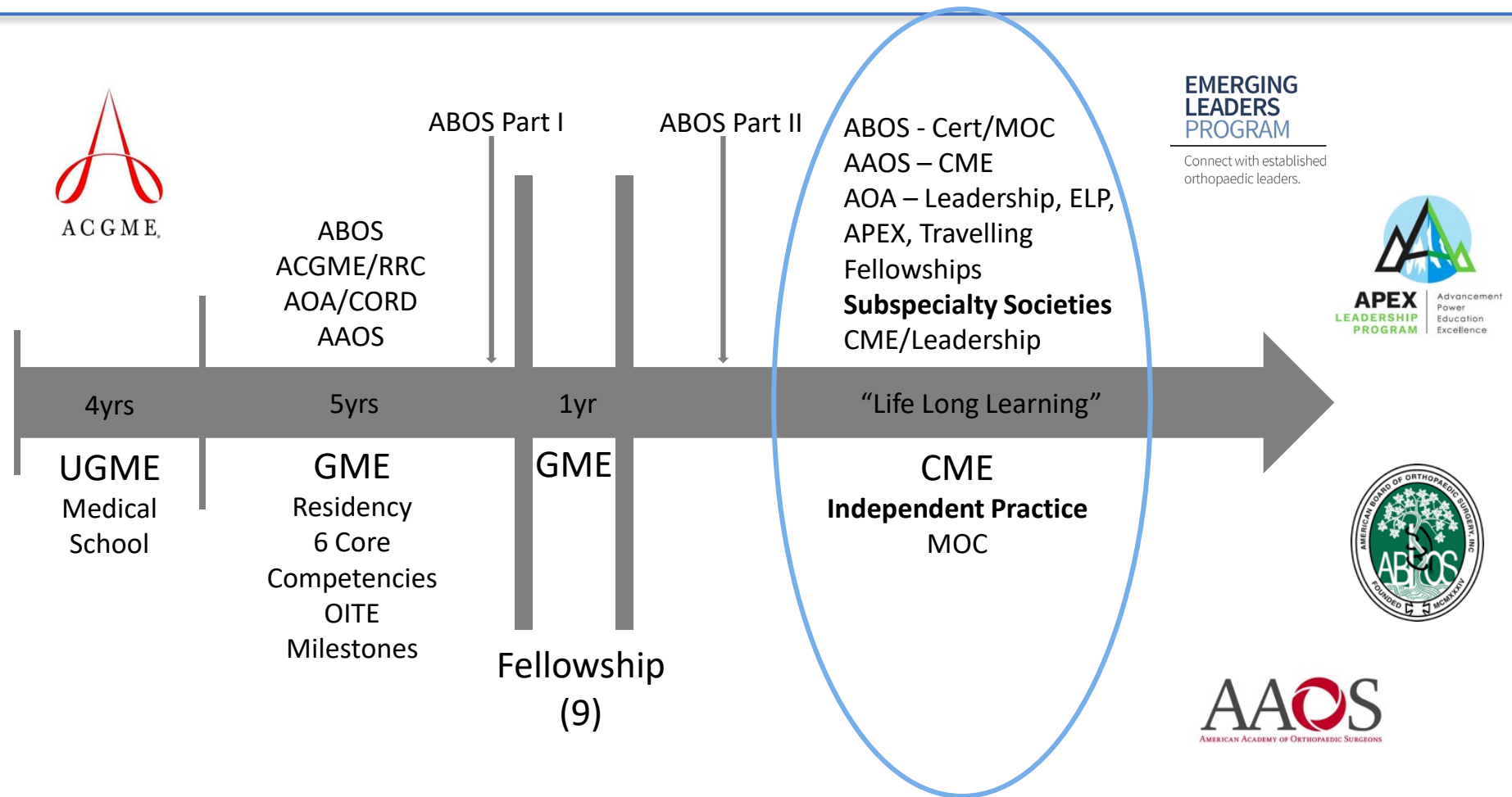
Orthopaedic Educational Pathway – Fellowship



Fellowship Year – Transitioning to Independent Practice

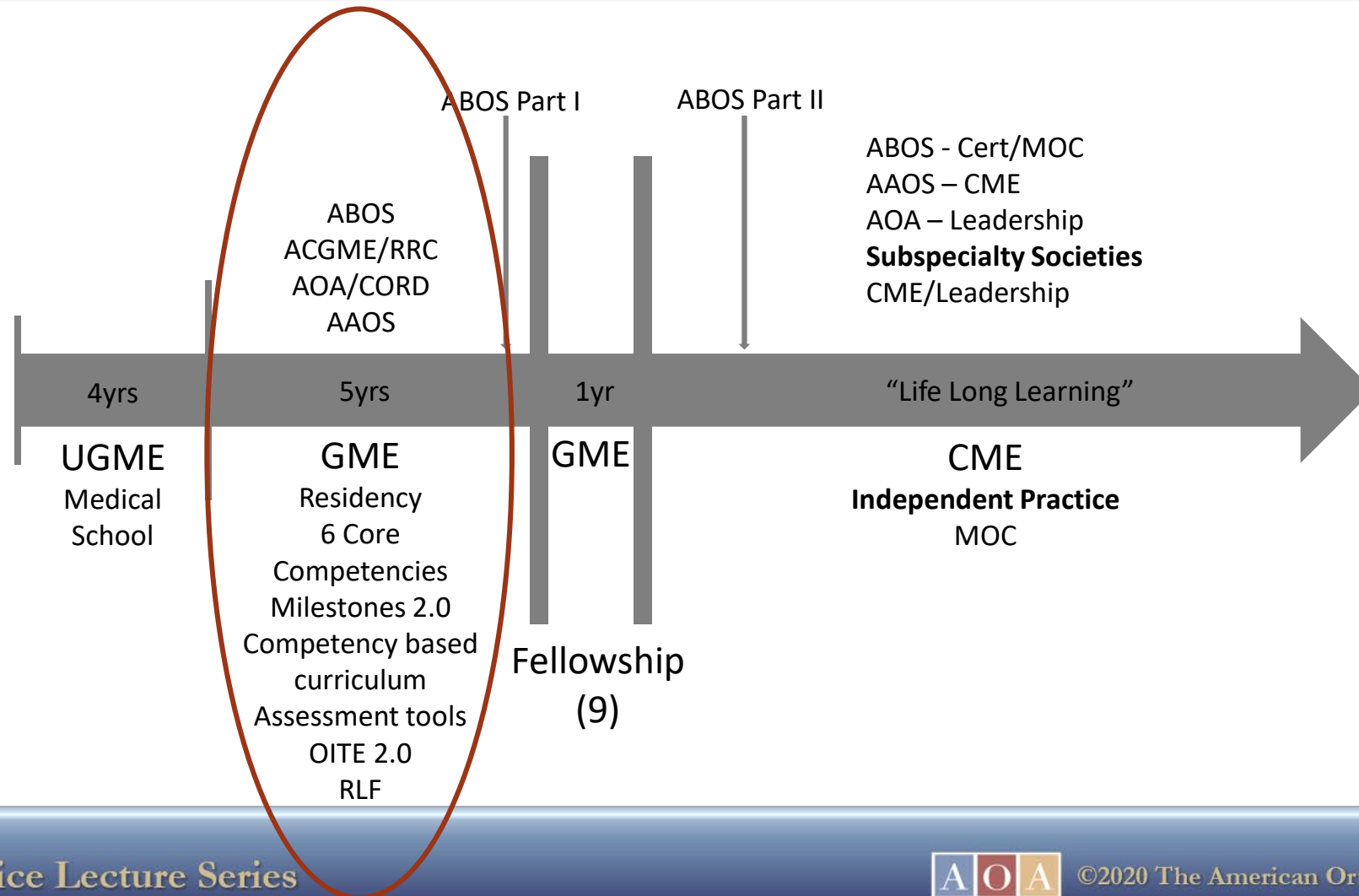


Orthopaedic Educational Pathway Independent Practice



Orthopaedic Educational Pathway

Residency



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

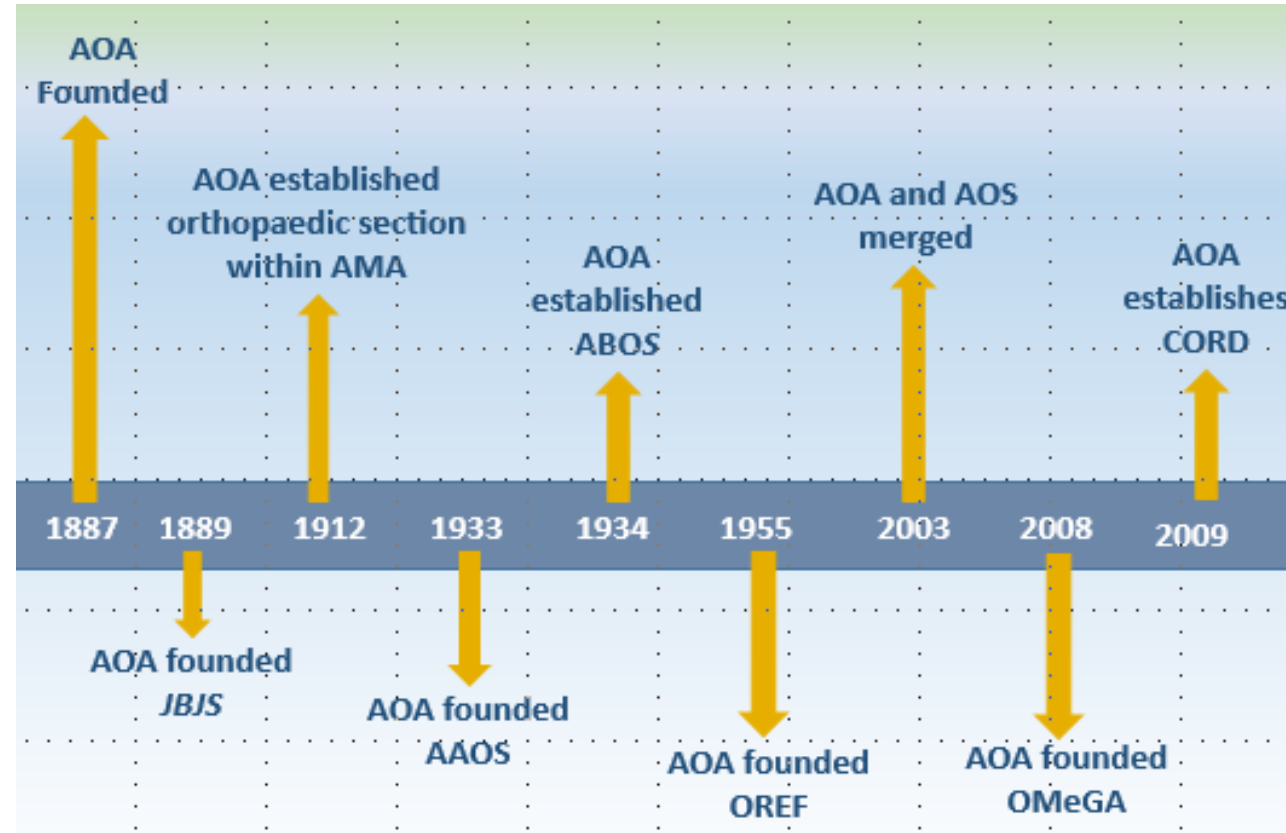
Orthopaedic Societies

- Geographic focus
 - State
 - Regional
 - National
- Subspecialty focus
- Advocacy/business focus
- Clinical practice focus
- Specific interest focus

National Surgical Societies

Society	Focus	Membership Details
AAOS N~35,000	Orthopaedic Surgery – Advocacy, CME, Career and Patient Resources	Resident and Candidate (Board eligible) Membership available
AOA N~ 1800	Orthopaedic Surgery – Leadership and Academic development	Peer Reviewed Process - nomination by 2 AOA members
SOMOS	Military Orthopaedic Surgeons	Active duty, reserve, retired, and honorably discharged Orthopaedic surgeons and/or active fellows in a fellowship training program. Also includes non-military
RJOS	Women in Orthopaedics	Open to all genders Student, Resident and Candidate (Board eligible) membership available
JRGOS	Underrepresented Minorities in Orthopaedics	Open to all ethnicities; Student, Resident and Active membership available
AALOS	Orthopaedic Surgeons of Latino Descent	Open to all ethnicities; Student, Resident and Active membership available
AWS	Women in Surgery	Open to all genders and surgical specialties

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

Regional Societies

[Eastern Orthopaedic Association](#)

[Mid-America Orthopaedic Association](#)

[Mid-Central States Orthopaedic Society](#)

[New England Orthopaedic Society](#)

[North Pacific Orthopaedic Society](#)

[Southern Orthopaedic Association](#)

[Western Orthopaedic Association](#)

[Canadian Orthopaedic Association](#)

[State Level Orthopaedic Societies](#)

Subspecialty Societies

Society	Subspecialty	Position Categories	Minimum Criteria
AAHKS	Total Joint/Adult Recon	1. Arthroplasty Surgeon in Training 2. Candidate Member	1. Resident 2. Board Eligible; AAOS Member
AANA	Arthroscopy	1. Resident/Fellow Member 2. Associate Member 3. Active Member	1. Resident or Fellow 2. Board Eligible 3. Board Certified
AOFAS	Foot and Ankle	1. Surgeon in Training 2. Candidate Member	1. Resident/Fellow only 2. Board Eligible; AAOS Member
AOSSM	Sports Medicine	1. Resident Member 2. Candidate Member	1. Resident; must attend AOSSM meeting within 4 years 2. Sports fellow or <1 year out of fellowship' must attend AOSSM meeting within 4 years

Subspecialty Societies (cont'd)

Society	Subspecialty	Position Categories	Minimum Criteria
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

Society	Program
AOA	RLF, Emerging Leaders Program, AOA Traveling Fellowships
ORS	Women Leadership Forum
ASSH	Young Leaders Program
AOFAS	Women's Leadership Initiative

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!”

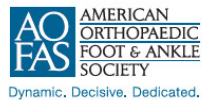
- Dick Burton, MD



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AANA | ARTHROSCOPY ASSOCIATION
OF NORTH AMERICA

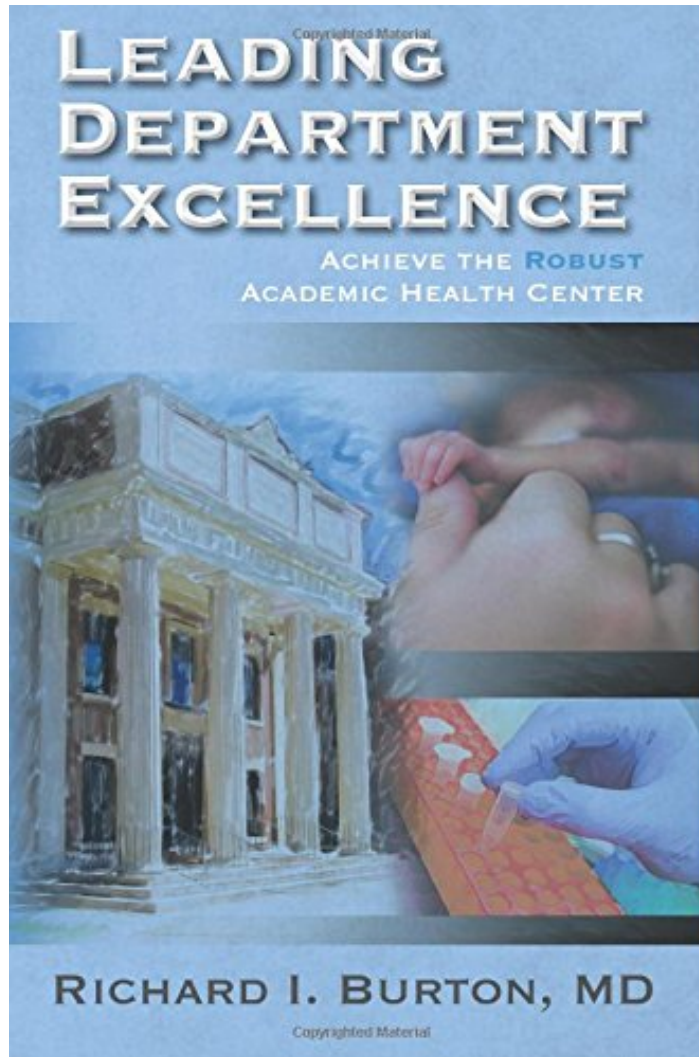


AMERICAN SHOULDER
AND ELBOW SURGEONS



ASSH | American Society for
Surgery of the Hand





“Always do the right thing. This will satisfy some people and astonish others.”

- Benjamin Franklin

Thank You!

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