11-3-2021

The AOA: A Comprehensive House with Compassionate Leaders. Presidential Address to the AOA, June 15, 2020: AOA Critical Issues

Theodore W. Parsons 3rd
Henry Ford Health, tparson3@hfhs.org

Recommended Citation
Parsons TW, 3rd. The AOA: A Comprehensive House with Compassionate Leaders. Presidential Address to the AOA, June 15, 2020: AOA Critical Issues. J Bone Joint Surg Am 2021; 103(21):e85.

AMERICAN ORTHOPAEDIC ASSOCIATION

AOA Critical Issues

The AOA: A Comprehensive House with Compassionate Leaders. Presidential Address to the AOA, June 15, 2020

AOA Critical Issues

Theodore W. Parsons III, MD, FACS, FAOA

Abstract: The American Orthopaedic Association (AOA) is the world's oldest orthopaedic association and it has been responsible for the founding of many prominent organizations as well as *The Journal of Bone & Joint Surgery*. While the AOA has traditionally focused on academic orthopaedic leadership, the time has come to expand our horizons and look to include all orthopaedic leaders from the wide variety of leadership roles in which they currently serve.

Orthopaedic surgeons who demonstrate compassionate leadership will find that they create stronger, more successful teams. Compassionate leadership is a skill that can be learned, and investing the energy to develop this skill will have a profound impact on our success as orthopaedic surgeons and leaders.

I am deeply honored to serve as the 133rd President of the American Orthopaedic Association. Frankly, it is something that I never even contemplated would have transpired in my professional career, but I am truly grateful for the opportunity. I commit to you that I will do my very best to serve our wonderful Association.

Let me first congratulate Dr. Chris Harner for his successful presidential year. It has been an exceptional experience to get to know Chris better over the past few years, and to witness his undying passion for graduate medical education and his love for the AOA. Chris has done a remarkable job, and we owe him a debt of gratitude for his leadership this past year. When we do finally have the opportunity to gather together again as a group, I hope you will take the time to personally thank him for his dedication and deep commitment to our Association.

These are truly remarkable times in which we live. The effects of the COVID-19 pandemic, both nationally and globally, have been far-reaching and extensive. Hundreds of millions of individuals across the planet have been severely impacted as a result of this virus. We have witnessed much of societal activity as we know it come to a grinding halt for extended periods of time.

We have endured significant disruption to our clinical practices and major challenges in our efforts to provide ongoing musculoskeletal care to our patients. Many of our colleagues have been stretched well outside of their comfort zone as they have been tasked to support non-orthopaedic care to those in

Disclosure: The **Disclosure of Potential Conflicts of Interest** form is provided with the online version of the article (http://links.lww.com/JBJS/G659).

need. The financial impact to our global economy has been astronomical, and all of us have witnessed the financial struggles of our own institutions, groups, and organizations. Medical student, resident, and fellow educational opportunities have been significantly disrupted, and the details of future orthopaedic educational opportunities remain uncertain. And amidst all of this, of course, is the very deep and personal impact on families and individuals who have lost loved ones and friends. Our deepest sympathies are extended to all of them.

It is sobering to consider that in the 133-year history of the American Orthopaedic Association, there has only been *1 other time* when the annual meeting was canceled. That was 75 years ago, when the world was embroiled in the challenges of World War II, and travel restrictions and economic sanctions prevented an in-person meeting from taking place. While gratefully we are not subject to the ravages of a global war, still, there are some interesting and poignant comparisons that might be made.

Fortunately, technology 75 years later allows us the opportunity to hold a virtual meeting via videoconferencing even when an in-person meeting is not practical. And while most of us have likely become far more adept and familiar with videoconferences than we care to admit, it is still not the same as gathering in person and being able to network and engage with one another.

It is precisely because these virtual meetings are simply not the same, *and* because I am cognizant that no one is particularly excited to be sitting in front of a computer screen at the conclusion of a workday listening to someone give a presidential address, that I will keep my remarks brief and to the point.

As members of the AOA, we are privileged to belong to a remarkable organization. Founded in 1887, it is not only the first and oldest orthopaedic association on the planet, but as Dr. Jim Urbaniak noted in his book "A History of the American Orthopaedic Association," it is "arguably responsible for the major innovations in orthopaedic surgery in the United States…an organization that has endeavored to create programs, activities, and associations for the benefit of orthopaedic surgery and the public."[1]

A brief view of the history of our Association reveals the many prominent organizations to which the AOA is parent. These notably include founding of *The Journal of Bone & Joint Surgery* in 1889, the American Academy of Orthopaedic Surgeons in 1933, the American Board of Orthopaedic Surgery in 1934, the Orthopaedic Research and Education Foundation in 1955, and the OMeGA Medical Grants Association in 2008. Each of these organizations continues to have a profound impact on the orthopaedic community in which we currently live.

Membership criteria for the newly formed Association in 1887 included clinical experience, demonstrated scientific achievement, and special interest in "orthopaedic art and science." Indeed, while it is clear that AOA leaders have, over the years, consistently emphasized the need to promote leadership and excellence in orthopaedics, "evidence of satisfactory scientific achievement" was consistently stressed as an important membership domain.

(I add parenthetically that the AAOS [American Academy of Orthopaedic Surgeons] was organized in 1933 when the AOA leadership determined that there might be a benefit for an organization that would be open to all American orthopaedic surgeons without specific limiting criteria. We all *clearly* recognize the ultimate success of that particular decision!)

The emphasis on scientific achievement within the AOA membership was further reaffirmed in the 1970s and 80s, when clear evidence of scholarly achievement was mandated as a requirement for admission to the Association. However, as the twentieth century was coming to a close, it became increasingly clear that clinical educational programs had mainly become a function of the *Academy* and subspecialty societies, and the AOA began to place an increasing emphasis on developing, engaging, and recognizing leaders. This strong emphasis on leadership development continues today and is at the very core of our Association's mission.

For many years in the AOA, the focus was on academic leadership by virtue of the strong emphasis placed on scholarly activity and research. Programming and organizational activities often were geared toward and favored those from academic institutions, where arguably some of our greatest and most talented leaders reside. This strong influence was further enhanced as the Academic Orthopaedic Society formally merged with the AOA in 2003.

Leadership in orthopaedic surgery, however, takes many forms, well beyond the ivory towers of academic practice. Today, we see an increasing number of orthopaedic surgeons entering into private practice and multispecialty groups. We see orthopaedic surgeons leading and directing many of these groups. We have surgeons who are involved in executive leadership in hospitals, schools, health-care and health-delivery systems; those who have C-suite positions; and those who serve as leaders in health-care insurance companies, pharma and device companies, value-based delivery organizations, and consulting firms; and the list goes on and on. I dare say that the mere privilege of being an orthopaedic surgeon makes one a leader at a most basic and fundamental level, wherever one chooses to work and practice.

If the AOA vision is to "inspire the orthopaedic community to excellence through leadership," then I submit that in order for our great Association to continue to thrive and significantly grow throughout the second century of our existence, we must fully welcome, embrace, and engage with orthopaedic surgeons in the wide variety of leadership roles in which they currently serve. The AOA must be viewed by the larger orthopaedic community as such an invaluable part of leadership development and recognition that AOA membership becomes a "must" for any orthopaedic surgeon who is serious about developing and enhancing successful leadership skills.

While the AOA will surely never completely depart from its academic roots, we must also recognize that leadership achievement and success are not the exclusive realm of those who demonstrate scholarly activity. Arguably, those orthopaedic surgeons who have assumed significant leadership roles in business, industry, executive leadership, and innovation have already demonstrated their drive to excel and their talent to lead. Our meetings, programs, and educational offerings must provide value to these surgeons in order for us to establish a more comprehensive house of orthopaedic leaders. I firmly believe that the future of our Association is dependent upon the growth and leadership diversity, and the considerable talents and skills that these individuals can bring to the table. After all, while academic practices constitute less than

20% of the orthopaedic community, *leadership* in orthopaedic surgery is applicable to 100% of the orthopaedic community!

In the last several years, the AOA has taken a very positive step toward more broadly embracing leadership outside of academics by the addition of a fifth domain in the membership criteria, which recognizes leadership contributions in non-orthopaedic medical organizations in addition to leadership in orthopaedics and medicine. This move, along with a conscious effort at expanding our programmatic and leadership offerings, will allow us to further engage our orthopaedic colleagues outside of academic medicine. As Dr. Mac Evarts, past AOA President, recently reminded us, "the role of the physician executive in the American health-care system is evolving at a rapid and accelerating rate. [Orthopaedic surgeons] are entering the management ranks in increasing numbers and in increasingly advanced levels of responsibility and authority." The AOA needs these leaders in our ranks…and I respectfully submit that *they* need what the AOA has to offer.

Now, if I might share a few thoughts about leadership. Leadership clearly involves many important characteristics and qualities. These include such things as intelligence and good judgment, the capacity to motivate, courage, stamina, tenacity, the ability to inspire others, decisiveness, honesty, and importantly, *compassion*.

Compassionate leadership is something that I have long felt is key to success as a leader. In the increasingly technical and task-oriented world in which we live, the ability to demonstrate compassionate leadership has recently gained considerable attention, and countless authors have written on the benefits of such leadership. Multiple studies have demonstrated just how crucial compassion is to strong leadership and how impactful it is on the success of a team or an organization.

Compassionate leaders recognize that each team member is an essential and valuable part of the organization, bringing unique talents that strengthen and enhance the team as a whole. Compassionate leaders strive to enhance the happiness and well-being of their people by supporting them and providing them with resources that are needed to excel. Such leadership focuses on investing in and developing the talents of each individual, strengthening and improving the team, and promoting the overall success of the organization.

Author and leadership coach Joanne Trotta has suggested that compassionate leadership is "a requirement of modern leaders who want to navigate their [teams] to sustainable success and a brighter future. There might have been a time when compassion was viewed as weakness. Those days are long gone. Today, leaders are expected to treat their people with a greater sense of caring and humanity and to respect the unique attributes and qualities each person brings to the team and organization."[2]

Compassionate leaders engage in awareness of their team and do not allow or tolerate behaviors that negatively impact the group. They observe patterns and consciously work to dismantle issues before they become conflicts. This creates an environment of trust and a sense of security within the team. This in turn creates the psychological safety that leads to transparency, creativity, and intense loyalty among team members.

Compassionate leaders value the happiness of their people, which engenders a sense of appreciation and respect. As noted by leadership author Rasmus Hougaard, "It's no accident that organizations with more compassionate leaders have stronger connections between people, better collaboration, more trust, stronger commitment to the organization, and lower turnover."[3]

Ultimately, teams and organizations that want to thrive must be run by compassionate leaders, and a culture of compassion and caring must permeate the entire organization. A *Harvard Business Review* article from 2018 reported, however, that while over 90% of leaders noted that compassion is very important for leadership, over 80% did not know how to enhance their compassion. They concluded that compassion is clearly a hugely overlooked skill in leadership training[4].

Leading with compassion should not be difficult for orthopaedic surgeons, who consistently demonstrate compassion and empathy toward their patients. Unfortunately, in our professional world, and particularly with highly driven and extremely focused surgeons, demonstrating compassion toward team members and colleagues is not as consistent. With understandably very high expectations of themselves, which are frequently projected onto others, compassion toward team members and colleagues is not infrequently lost in the zeal of attaining efficiency and meeting goals and aspirations. Sadly, the results of such an approach lead to a diminishing sense of trust and diminished creativity and productivity by the team. To quote a well-known cardiothoracic surgeon mentor of mine: "We can *do* better and *be* better."[5]

Fortunately for us, there is ample research to suggest that training *can* increase our ability to demonstrate compassionate leadership[6]. Given the value of this skill, the AOA will provide a great service to our members and the greater orthopaedic community as we include such training as part of our leadership development programming, and as we as leaders hold one another accountable for these skills.

It is my sincere desire that, as we enter this new decade, with the many changes that will invariably be thrust upon us, we will take every opportunity to strengthen the American Orthopaedic Association as we create a more comprehensive house by inviting, embracing, and developing orthopaedic leaders from *every* corner of the orthopaedic community… leaders with not only the skills necessary to successfully lead their organizations, but with the *compassion* necessary to successfully make a difference in the lives of those whom they lead, thus building even greater and more successful teams.

I express my gratitude to each and every one of you for your selfless service and significant contributions to the orthopaedic community and to the American Orthopaedic Association.

May God bless you and yours to be safe and well in these challenging times. ■

Theodore W. Parsons III, MD, FACS, FAOA[1]

[1]Department of Orthopaedic Surgery and Orthopaedic Service Line, Henry Ford Health System, Detroit, Michigan

References

1. Urbaniak J, editor. A history of the American Orthopaedic Association. American Orthopaedic Association; 2006.
2. Trotta J: What does it mean to be a compassionate leader? Accessed 2018 Aug 1. https://emergenetics.com/blog/compassionate-leader/
3. Robb J. Leaders need to focus on mindfulness, selflessness, and compassion to get a more engaged work force. 2020 Mar 2. https://www.thespec.com/business/2019/02/08/leaders-need-to-focus-on-mindfulness-selflessness-and-compassion-to-get-a-more-engaged-workforce.html
4. Hougaard R, Carter J, Chester L. Power can corrupt leaders. Compassion can save them. Harv Bus Rev. 2018 Feb 15.
5. Nelson RM. We can do better and be better. April 2019 General Conference, Church of Jesus Christ of Latter-Day Saints. https://www.churchofjesuschrist.org/study/general-conference/2019/04/36nelson?lang=eng
6. Seppala E. The compassionate mind. Observer. 2013;26(5):20-5.