INVITED PAPERS



Rising within the leadership of an orthopaedic society: learning from the presidents

Gowreeson Thevendran¹ • Mark Glazebrook² • Deborah Eastwood³ • Kristy Weber⁴ • David Choon Siew Kit⁵ • Ashok Johari⁶ • Shanmuganathan Rajasekaran⁷ • Vikas Khanduja⁸

Received: 28 November 2021 / Accepted: 19 December 2021 © The Author(s) under exclusive licence to SICOT aisbl 2022

Abstract

Orthopaedic societies, with their diverse membership from across the world, serve a mission to endorse the progress and innovation in the field of orthopaedics and traumatology with a focus on improving patient care, as well as to encourage and develop education, teaching and research. Such organizations, whether small or large, have been successful in meeting the professional, educational and training needs of its members. The past and future presidents of these societies share insights addressing their professional experiences, lessons learnt and their vision for future leaders of the field. The objective of this article is to summarize the thoughts of presidents of orthopaedic societies from around the globe and to inspire younger and aspiring members of the global orthopaedic fraternity.

Keywords Orthopaedic societies · Presidents · Leadership · Mentorship

Contribution of surgeons

For decades, medicine and even more surgery have been regarded as a noble profession [1]. Surgeons from all over the world have contributed immensely to clinical care and quality of life of patients through their outstanding accomplishments in the art and science of surgery, research and innovation. The art of surgery is passed on by surgeon-mentors to junior surgeons much like a legacy. This indicates the relevance of teaching in the surgical field where one always

☐ Gowreeson Thevendran xanthus23@hotmail.com

Mark Glazebrook markglazebr@hotmail.com

Deborah Eastwood deboraheastwood1@nhs.net

Kristy Weber kristy.weber@pennmedicine.upenn.edu

David Choon Siew Kit dchoon@yahoo.com

Ashok Johari drashokjohari@hotmail.com

Shanmuganathan Rajasekaran rajasekaran.orth@gmail.com

Vikas Khanduja vikaskhanduja@aol.com

Published online: 04 January 2022

Mount Elizabeth Novena Hospital, 38 Irrawaddy Road, 329563 Singapore, Singapore

- Reconstructive Foot & Ankle Surgery and Orthopedic Sports Medicine Queen, Elizabeth II Health Sciences Center, Halifax Infirmary (Room 4867), 1796 Summer Street, Halifax, NS B3H 3A7, Canada
- ³ Great Ormond St Hospital for Children and the Royal National Orthopaedic Hospital, London, UK
- Department of Orthopaedic Surgery, University of Pennsylvania, Philadelphia, USA
- Asia Pacific Orthopaedic Association, Kuala Lumpur, Malaysia
- Paediatric Orthopaedics, B.Nanavati Super Specialty Hospital, Mumbai, India
- Department of Orthopaedics, Trauma & Spine Surgery, Ganga Medical Centre & Hospitals (P) Limited, 313 Mettupalayam Road, Coimbatore, India
- 8 Adenbrooke's Cambridge University Hospital, Cambridge, UK



remains a teacher mentoring the generation of young surgeons into becoming competent surgeons [1–3]. The young surgeons are advised to maintain a culture of sharing ideas and knowledge and senior surgeons to continue teaching their juniors to improve patient care and clinical outcomes [2]. Despite all the technological developments and changes in the healthcare economy, it is still critical to be a competent surgeon and to display compassion [2, 4]. To be a successful surgeon, one needs to be persistent in challenging situations and adaptable to sudden changes [4]. Emotional intelligence is also necessary to earn trust and cooperation of peers to create a positive atmosphere in the team [5].

Being future president of a surgical society

One of the greatest honour that can be conferred to any surgeon is to be elected president of a surgical society and to lead a prestigious organization. Though surgery in itself is a fulfilling profession, being president of a society comes with its own responsibilities and challenges. However, in the COVID era, this role has become even more challenging. In this context, this article highlights the collective insights of past leaders in this field on core competencies, status and role of diversity and the challenges that young surgeons must be aware of before aiming for leadership positions.

Core competencies

Leadership: past, present and future

Since the olden days, a successful surgeon has been synonymous with knowledge, technical and diagnostic skills but with negligible management skills. In present times, however, non-technical skills like leadership and communication are associated with improved patient safety and outcomes. In addition, effective leadership in the surgical profession is required to keep up with the global advancements and innovations occurring in basic science, digital technology, allied healthcare, surgical technology, surgical practice and education [1]. Although surgeons frequently work as part of multidisciplinary teams and may even sometimes lead, this does not necessarily make them good leaders [3]. Leadership is accepting the responsibility to guide others to accomplish the objectives of the organization and acting as a role model who leads from the front and makes timely decisions with accountability for both successful and failed endeavours [4]. A fundamental principle of leadership is having a clear vision, sharing that vision with others and providing direction to realize that vision [3]. With effective leadership, one can create an inclusive environment where other members feel empowered to accomplish their goals by utilizing their full potential and get encouraged to freely voice their opinions and thoughts [6].

The former presidents reflected that to be future president of orthopaedic society, one needs to qualify as a leader. According to them, a leader is a fellow surgeon willing to extend unconditional support to junior colleagues or even peers to help them perform to their best ability and making them believe they are important to the organization. An able leader must be passionate, committed and selfless while focusing on the organization's overall growth and progress [7]. With clear and transparent communication, robust collaborations as well as excellent social skills, a leader can inspire, motivate and understand the needs of the members. This would help bring about a positive change that drives the organization towards a better path [2].

Surgeons should be encouraged and facilitated to learn and develop leadership skills by means of various training programs organised preferably as part of a residency curriculum. During the early phase of training, educators must focus on creating surgical leaders who can effortlessly be recruited as staff members. Henceforth, they would form and lead teams while concurrently mentoring the trainees [3]. These leadership skills will be useful in routine clinical practice and extremely valuable at the time of shifting roles or taking up new positions in either home institution or within national organizations. It is certain that healthcare will be in safe hands with physician leaders taking up responsible roles.

Adaptability

Another quality expected in a future president is flexibility to adapt to unexpected crises and situations that strongly challenge survival of the association. In changing times, leaders are expected to generate innovative ideas and engage their teams in new endeavours that are in alignment with the organizational strategic plan. By embracing volatile, uncertain, complex, and ambiguous (VUCA) environment, embracing a clear strategy takes a lot of confidence, positivity, daring and ingenuity [5]. Challenging the norm, uncertain and undesirable conditions were created by the COVID-19 pandemic. These included profound rearrangement of both inpatient and outpatient care, postponement of elective surgeries, urgent surgical interventions carried out with utmost attention especially in patients suspected of or with COVID-19 following the guidelines released for the orthopaedic surgeons [8–10]. The ever-changing dynamics of COVID-19 spectrum suggests worst times may occur in the future. This would make the job of future presidents tougher and more challenging as they steer their organizations through troubled waters. Whilst the goals will remain the same, the approach to achieving those goals would depend on the changing times. For example, during the COVID-19



pandemic when travel was restricted and in-person meetings were impossible, several online platforms came to the rescue and popularized tele-communication. Likewise, advances in the field of orthopaedics and traumatology and related technology would largely impact the methodology to meet these goals in the future.

Advance planning and forward thinking

If surgeons desire to lead the orthopaedic society in future, they need to build their credentials accordingly. In fact, one becomes a president only for a short and finite period of time (ranges from one to maximum two years). So, in order to make the most of the presidential term, one needs to do most of the planning before taking up the position. This would ensure completion of key board-determined initiatives during the presidential year that add to the growth and development of the organization. Thus, advance planning helps smooth transition through the society hierarchy to a leadership role and forward thinking enables one to achieve the target goals of the organization after being elected as president.

To be future ready, young surgeons should participate in conferences, workshops, webinars, and round table discussions and grab opportunities to speak, write and teach. They should collaborate with fellow surgeons in other institutions to publish their research work in peer-reviewed journals. It is equally important to be familiar with the administrative functioning (including financial aspects) of the societies one is interested in leading in future. So, efforts should be directed towards participating in the administrative work, becoming familiar with the structure of the society and identifying the nomination process for advancement to leadership positions. In the beginning, one can volunteer in the committees to get involved in the societies with the ultimate goal of leading the committee in the years ahead. Starting from local societies, one can advance gradually to national and then international ones.

Gender diversity in surgical societies

Female physicians being more empathetic and sensitive compared to their male colleagues spend more time with patients and practice shared-decision making [11, 12]. However, in orthopaedic surgical practice, the scenario is largely different and less diverse. It was shown that majority of patients did not have a preference for the gender of their orthopaedic surgeons. However, evidence suggests that patients are more comfortable with male surgeons or physicians of their same gender [13]. According to recent statistics, both the membership and the leadership of surgical professionals in all well-established and world-renowned

societies do not seem diverse. Moreover, for orthopaedic surgery, gender inequality continues to be a reality with only 14% of the orthopaedic trainees as women. Although there are more female medical students than males, yet very few orthopaedic residency positions are taken up by women. At such a pace, it would take close to 90 years to attain an impactful status of diversity [14].

It has been emphasized at numerous platforms that inclusion of educated and qualified women in the workforce impacts the organization positively with better decision-making processes and better outcomes. In medicine, gender diversity has been shown to improve patient outcomes and satisfaction [15]. Thus, diversity matters and serious efforts are required to increase gender diversity particularly in surgical fields.

Orthopaedic societies should actively support diversity at all levels from membership to leadership. To increase the number of women in orthopaedic surgery, young women should be encouraged, mentored and exposed to orthopaedic surgery. Efforts in this direction proved fruitful when Kristy Weber, MD became the first female president of the American Academy of Orthopaedic Surgeons (AAOS) in 2019. Her election came as a ray of hope for women in this field who aspire to be future leaders [16].

What do surgical societies offer?

Young orthopaedic surgeons desire opportunities for communication, networking, education, research, and training under the supervision of great mentors. The senior surgeons seek communication, networking, professional status, leadership opportunities, teaching and training young surgeons and research collaborations. Orthopaedic societies provide numerous such opportunities for leadership and career advancement to junior as well as senior members. These professional organizations have the resources and abilities to provide prospects, such as traveling fellowships and continued medical education programs, under their patronage. If a practicing surgeon serves on the committees and later leads them, he/she is eligible to avail the sponsored travel grant for participation in conferences and meetings. This makes interactions and collaborations with national and international fellow surgeons possible [3].

Challenges in surgical societies

The challenges faced by the president of a large society are very different from that of a small society. The utmost crucial functions carried out by large societies include maintenance of both financial health of the organization and conservation of relevance and value to members. Before taking up the

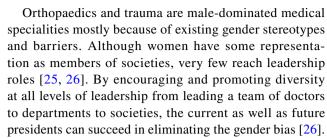


leadership role in a large society, it is prudent to gauge its organizational structure and comprehend the capabilities of the members on the Board of Directors. The high-performing boards focus mainly on strategic planning, overall governance and culture. A board's culture is defined by verbal rules that impact decision-making, trust and communication among the directors. These include beliefs, values, mind-sets and assumptions that influence discussions and decisions of the board [17]. As president of a large organization, it is crucial to stay committed and organized and manage time effectively in order to balance surgical practice concurrently. During board meetings, a conducive environment created by a good leader enables all members to voice their opinions through respectful dialogue.

Discussion

Orthopaedic societies, comprised of members from across the world, provide a powerful medium for exchange of ideas and innovations between health care professionals and researchers [18]. Presidents of orthopaedic societies start their career as surgeons, learn from mentors, and continue their surgical practice while rising within the orthopaedic society [19]. This article highlights as well as discusses the intriguing insights shared by the past presidents of orthopaedic societies about the key qualities that enable one to rise through the hierarchy. In summary, to become a future president one must know where to begin, identify goals, encourage diversity, and be aware of the challenges.

Diving deep into the visions of the former chairs, "leadership" has been recognized as the most essential quality that one must possess to steer the society towards achieving the set goals. With effective leadership, one can elevate other members and assist them to accomplish their goals [20]. To be leaders in future, surgeons need to nurture their ability by building credentials, acquiring leadership skills, networking with leaders and peers and having clear vision for the organization. A surgical leader should be committed to lifelong learning and must lead with principles respecting all members and involving them in decision-making [21]. He/ she should possess outstanding communication skills to be able to effectively address challenges and resolve conflicts with team work [22]. As society president, one has the duty to take forward the collective vision and give direction for growth by providing opportunities for collaborations, mentoring, networking and research [23]. In addition, adaptability and flexibility are virtues vital for being a strong dependable leader who can manage unexpected crisis situations [24]. Taken together, to become a society president, a surgeon ought to be technically sound, knowledgeable, a visionary, an effective leader, inclusive, adaptable and humane.



Presidency is a great honour that bestows the leader with experiences, connections, memories and opportunities to make changes. Many of the past presidents of these societies have become legendary names in orthopaedics, introducing novel orthopaedic practices, incorporating advanced technology and contributing to rapid growth of the field [24]. They have gained experience and knowledge throughout their career while learning from challenges, mentors and peers [27]. They continue to lead even after presidency term is over by imparting their knowledge through lectures and mentorship [28] and taking up leadership roles in hospitals and surgery centres [22].

Back in 2006, the Canadian Medical Association (CMA) had held a series of focus groups to get feedback on need for leadership in medicine. The results revealed the pressing need for Canadian physicians to take up leadership roles and lack of appropriate means to provide leadership guidance in the present complex healthcare landscape. Consistent to this finding, the insights shared by the past presidents emphasize the need of the hour to develop leadership capacity in young physicians in today's rapidly changing competent environment at work. Male and female medical professionals with the ability to lead with knowledge, understanding, and wisdom are needed in this field [29].

Experience, practice, mentorship, and training can all help to build leadership skills. To produce future leaders, programs for leadership development should be made more accessible to aspiring surgeons irrespective of gender. The senior members should encourage the young surgeons to get involved in leadership roles by making them aware of the opportunities that lie ahead. Diversity should be inculcated at all levels of leadership so that female and other underrepresented physician groups get equal chance to represent their organizations and patients. Surgeons who become presidents will ideally lead from the front, fulfil responsibilities and be remembered for their substantial work in advancing the field of orthopaedics and trauma.

Author's contributions All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by all the authors, with each one of them researching, referencing and formulating their caption. The first draft of the manuscript was written by Gowreeson Thevendran and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.



Data availability Not applicable to this article type.

Declarations

Ethical approval This is a survey study and therefore ethical approval is not applicable.

Consent to participate Not applicable.

Consent to publish All authors have given their consent to publish.

- a) Gowreeson Thevendran
- b) Mark Glazabrook
- c) Kristy Weber
- d) Ashok Johari
- e) Shanmuganathan Rajasekharan
- f) David Choon Siew Kit
- g) Deborah Eastwood
- h) Vikas Khanduja

Conflicts of interest All authors certify that they have no affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript.

References

- Debas HT (2002) Surgery: a noble profession in a changing world. Ann Surg 236(3):263–269. https://doi.org/10.1097/00000658-20020 9000-00002
- Han JJ, Kelly JJ, Patrick WL, Iyengar A, Atkins M, Pietras C (2020)
 Timeless lessons from the past and present leaders of cardiothoracic surgery part 2: Character development. J Thorac Cardiovasc Surg 160(4):991–997. https://doi.org/10.1016/j.jtcvs.2020.02.075
- Maykel JA (2013) Leadership in surgery. Clin Colon Rectal Surg 26(4):254–258. https://doi.org/10.1055/s-0033-1356727
- Cohn LH (1999) What the Cardiothoracic Surgeon of the twentyfirst century ought to be. J Thorac Cardiovasc Surg 118:581–587. https://doi.org/10.1016/S0022-5223(99)70001-2
- Chawla S, Lenka U (2018) Leadership in VUCA environment.In: Flexible strategies in VUCA markets. Springer. pp 213–24.
- Friedlaender GE (2017) Defining Leadership: The Presidential Address to the American Orthopaedic Association, San Diego, California, June 11, 2010: AOA Critical Issues. J Bone Joint Surg Am 99(20):e107. https://doi.org/10.2106/JBJS.17.00706
- Wright RW (2019) 2018 AOA Presidential Address: Developing Leaders and Training Thoroughbreds: AOA Critical Issues. J Bone Joint Surg Am 101(14):e70. https://doi.org/10.2106/JBJS.19.00166
- Ambrosio L, Vadala G, Russo F, Papalia R, Denaro V (2020) The role of the orthopaedic surgeon in the COVID-19 era: cautions and perspectives. J Exp Orthop 7(1):35. https://doi.org/10.1186/ s40634-020-00255-5
- Scarlat MM, Mavrogenis AF (2020) Orthopaedic Surgery during COVID pandemic and consequent Changes in our professional environment. Springer
- Abdelnasser MK, Morsy M, Osman AE, AbdelKawi AF, Ibrahim MF, Eisa A et al (2020) COVID-19. An update for orthopedic surgeons. SICOT J 6:24. https://doi.org/10.1051/sicotj/2020022
- Bertakis KD (2009) The influence of gender on the doctor-patient interaction. Patient Educ Couns 76(3):356–360. https://doi.org/10. 1016/j.pec.2009.07.022

- Roter DL, Hall JA, Aoki Y (2002) Physician gender effects in medical communication: a meta-analytic review. JAMA 288(6):756–764. https://doi.org/10.1001/jama.288.6.756
- Dineen HA, Patterson JMM, Eskildsen SM, Gan ZS, Li Q, Patterson BC et al (2019) Gender Preferences of Patients When Selecting Orthopaedic Providers. Iowa Orthop J 39(1):203–210
- DeMaio M (2019) Making the Case (Again) for Gender Equity.
 AAOS Now. https://www.aaos.org/aaosnow/2019/jun/youraaos/youraaos05/. Published on June 1, 2019
- Vajapey S, Cannada LK, Samora JB (2019) What Proportion of Women Who Received Funding to Attend a Ruth Jackson Orthopaedic Society Meeting Pursued a Career in Orthopaedics? Clin Orthop Relat Res 477(7):1722–1726. https://doi.org/10.1097/CORR.00000000000000720
- News Release (2019) Penn Medicine News. https://www.pennm edicine.org/news/news-releases/2019/march/penn-medicine-surge on-becomes-first-female-president-of-the-american-academy-oforthopaedic-surgeons. Published on March 15, 2019; Accessed on Nov 7, 2021
- Anderson G, Vad M (2018) In a New Era for Boards, Culture Is Key. SpencerStuarthttps://wwwspencerstuartcom/research-and-insight/ in-a-new-era-for-boards-culture-is-key Published in April 2018
- Fayaz HC, Haas N, Kellam J, Bavonratanavech S, Parvizi J, Dyer G et al (2013) Improvement of research quality in the fields of orthopaedics and trauma—a global perspective. Int Orthop 37(7):1205–1212. https://doi.org/10.1007/s00264-013-1897-2
- Yayac M, Trojan JD, Brown S, Mulcahey MK (2019) Formal leadership training for orthopedic surgeons: Limited opportunities amongst growing demand. Orthopedic reviews (Pavia) 11(4):8151
- Gibson DM, Dollarhide CT, Moss JM, Aras Y, Mitchell T (2018) Examining leadership with American Counseling Association presidents: A grounded theory of leadership identity development. J Couns Dev 96(4):361–371. https://doi.org/10.1002/jcad.12219
- Robbins L, Shapiro LA, Spielmann MP, Baldi G (2011) CEOs from Orthopaedic Centers Worldwide Meet to Discuss Common Challenges: 2010 Annual Meeting of the International Society of Orthopaedic Centers. HSS J 7(2):179–182. https://doi.org/10.1007/ s11420-010-9193-9
- Lundy DW (2017) A Day at the Office: Smooth Transitions—Setting Up the Next Phase of a Professional Life. Clin Orthop Relat Res 475(8):1966–1968. https://doi.org/10.1007/s11999-017-5269-x
- Mulcahey MK, Waterman BR, Hart R, Daniels AH (2018) The role of mentoring in the development of successful orthopaedic surgeons. J Am Acad Orthop Surg 26(13):463–471. https://doi.org/10.5435/ JAAOS-D-16-00665
- Gavaskar AS, Mauffrey C, Babhulkar S (2020) Indian orthopaedics: the past, present, and future. Int Orthop 44(4):605–608. https://doi. org/10.1007/s00264-020-04487-z
- Poon S, Abzug J, Caird M, Cho RH, Luong M, Weiss JM (2019) A fiveyear review of the designated leadership positions of Pediatric Orthopaedic Society of North America: where do women stand? Orthop Clin North Am 50(3):331–335. https://doi.org/10.1016/j.ocl.2019.03.008
- Errani C, Tsukamoto S, Kido A, Yoneda A, Bondi A, Zora F et al (2021) Women and men in orthopaedics. SICOT J 7:20. https://doi. org/10.1051/sicotj/2021020
- Halawi MJ, Wang DD, Hunt TR III (2020) What's important: weathering the COVID-19 crisis: time for leadership, vigilance, and unity. J Bone Joint Surg Am 102(9):759. https://doi.org/10.2106/JBJS.20.00419
- Millis MB (2019) Hipology, happology, and POSNA: presidential guest lecture. J Pediatr Orthop 39:S1–S5. https://doi.org/10.1097/ BPO.0000000000001365
- Collins-Nakai R (2006) Leadership in medicine Mcgill J Med 9(1):68

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

