

A Look at the Future of Orthopaedics in Texas: Interview with Eugene Stautberg, MD

Eugene Stautberg, MD is in his fourth year of orthopedic residency at the University of Texas Medical Branch (UTMB) in Galveston. He completed an undergraduate degree in chemical engineering at the University of Texas at Austin and attended medical school at the University of Texas Medical School at Houston.

Dr. Stautberg has become very active within organized medicine during his residency. He serves on the Texas Orthopaedic Association's Board of Directors and has also been active within the American Academy of Orthopaedic Surgeons. Click here (<http://www.aaos.org/AAOSNow/2016/Jan/Advocacy/advocacy3/>) to read a story that he wrote for the AAOS Now magazine about his experience as an advocate for orthopaedic surgeons and their patients on Capitol Hill.

TOA recently interviewed Dr. Stautberg to get his thoughts on the future of orthopaedics in Texas.



(<https://txorthoassn.org/wp/wp->

[content/uploads/2018/10/Stautberg-2017-AM.jpg](https://txorthoassn.org/wp/wp-content/uploads/2018/10/Stautberg-2017-AM.jpg))

TOA: As you near the end of your residency, how did you become interested in a possible foot and ankle fellowship in the future?

Eugene Stautberg: I am interested in a foot and ankle fellowship because I would like to take care of patients with a spectrum of disease – including complex trauma, degenerative conditions, deformity, and sports injuries to the distal extremity.

Further, within the job market, it can be difficult to find the best fit; thus, a fellowship allows new graduates to market themselves to private practices, hospital groups, or academic institutions. Also, fellowships allow trainees to expand their research experience because most fellowships require at least one research paper to be

completed upon graduation. Some fellowship opportunities allow the fellow to act as junior faculty, taking call, and acting with increasing autonomy. With the increasing complexity of orthopaedic surgery and advancing technologies, the majority of my peers are also seeking fellowship training. My classmates that choose to go into general orthopedics typically practice in a more rural setting where it'll be difficult to focus only on right ankle.

TOA: Your residency is obviously very busy and results in dedicating most of your time to clinical rotations. Have you had much time to think about the business side of medicine and what a future practice may look like for you?

ES: As a resident in 2016, there are many things outside of our heavy clinic responsibility that pull for our time, many of which don't contribute to patient care. Constant administrative activities – including tedious case log websites, daily duty hour updates, and coding and billing outpatient encounters – all directly compete for time residents could spend learning about advocacy or the business of medicine. Further, ACGME lecture requirements and institutional required lectures (e.g., we've had a lecture on the new open carry law in Texas) consume time that could be spent for orthopedic education.

For an orthopedic graduate in 2016, the employed model can be enticing as the "system" handles a good percentage of hassles that take away from clinical responsibilities. After a challenging medical school and residency process, young orthopaedists can view the employed model as an easier road to get started. Additionally, to residents these institutions may appear to be an enticing place to work as they offer stipends, moving bonuses, and possibly even a big shoe deal.

Because of the changing way orthopaedists are employed over the last decade, it is even more important to educate residents on these models so as they start their careers, they can choose an environment that is best for them to grow as physicians and not choose a job with the best curb appeal. Organizations like TOA help educate residents on the different option of employment models so that a first job isn't cut short by unexpected surprises. We need to continue to develop relationships with academic programs to work with them to educate residents.

TOA: You are TOA's resident board member on the TOA Board of Directors. How did you become engaged with TOA?

ES: I was fortunate enough to be involved in research with a TOA board member when the former resident representative, Chad Krueger, graduated and started his service to the U.S. Army at Womack Army Medical Center at Fort Bragg in North Carolina. Chad became involved with TOA early in his residency, and as a result had time to learn about the process and give back over his five years in the position.

As advocacy and politics are completely different than the nail bed injuries or ankle fractures we treat, it takes time to familiarize yourself with these topics. Becoming involved in TOA as a junior resident allows one to learn about advocacy and then, more importantly, determine what the individual is interested in order to be a strong and effective advocate for orthopaedic surgeons. Once involved, residents can identify projects, educate fellow residents on campus, serve on AAOS resident committees, and write for different orthopedic publications. Also, most importantly, a resident that is involved can share his experience with his co-residents at his/her institution, further spreading the message of advocacy and familiarity with business of medicine.

TOA: Since you have been involved with TOA and worked with lawmakers and help guided the future of orthopaedic policy in Texas and Washington, have you become more interested in advocacy and advocacy organizations?

ES: Yes.

From my little time involved with advocacy, it's obvious that healthcare is always on stage in national and local congressional halls. As long as the aging population continues to grow and costs outpace quality, physicians will have a target on our backs.

Recently, we have seen that the opposition is not just payers, but also other providers of all types fighting to redefine their scope of practice to overlap with that of orthopaedic surgeons.

Further, in 2016, with social media being ingrained in our society, ideas can spread more quickly, and supporters can be recruited with just a click from a remote desktop/phone.

As these factors combine, there could easily be more groups redefining healthcare more frequently and with greater support than in previous decades. This forces all orthopedists to at least have a superficial knowledge of the headlines on Congressional floors that affect our patients and our practice.

TOA: Health care has witnessed a rapid transformation over the past few years due to both industry and policy changes. What do you think the practice of orthopaedics will look like in 10 years in Texas?

ES: It is quite challenging to predict the future of orthopaedic practice in Texas. This fact makes advocacy all the more important as we want to be a part of the changes so that our patients' and practices' can continue to provide care for the people of Texas.

Within organized medicine, there appears to be a disconnect between private practitioners and the academics who train residents. The academics are often sheltered from major, rapid policy change by their institution, so they focus on research and their own clinical practice. However, as these academics teach residents, it's easy to exclude training on advocacy.

Organized medicine needs to continue to work to bridge this gap with academic institutions, as advocacy should be taught in residencies, just as business of medicine, billing and coding, and outcome based measures should also be taught. Once residency program directors and chairmen support the education in advocacy and the act of being an advocate, only then will we see the renaissance in resident involvement in state and national organizations and the PAC.

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Quick Links

Texas Orthopaedic Foundation (<http://toafoundation.org/>)

Texas Orthopaedic PAC (<http://toapac.com/>)

Texas Society of Sports Medicine (<http://tssm.org/>)

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