

Building a Culture of Advocacy Involvement

Resident involvement in Texas—it's the next big thing

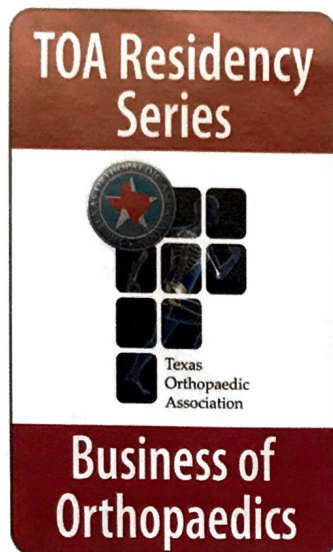
● EUGENE STAUTBERG III, MD

My father and I have many similarities, but when it comes to recycling, we just grew up in different eras. Every 2 to 3 weeks, I load four trash cans of paper, glass, plastic, and metal into my car and haul it over to the Galveston recycling center. It's a pain, inevitably adding more stains to my car floor. And yet I continue to recycle because, for as long as I can remember, I've been taught the importance of recycling. Now, it is second nature.

Conversely, my father, who is nearing 70, recycles only occasionally. When he was growing up, there were no green bins, no slogans urging him to “reduce, reuse, recycle.”

Like recycling, participating in organized medicine should be second nature for the next generation of orthopaedic surgeons. But obtaining near 100 percent involvement in state organizations and the Orthopaedic Political Action Committee (PAC) will require a grassroots effort to make it a part of our culture.

Encouraging involvement has to start early, exposing individuals to organized medicine from the time they first attend an orthopaedic interest group meeting, first hold a ball of hardening methyl methacrylate, or first see the power in orthopaedic care to increase function and decrease pain. The orthopaedic community must create a culture in which every January, individuals



The TOA Residency Series on the Business of Orthopaedics can be found on the AAOS Advocacy website (www.aaos.org/advocacy), under State Activities.

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participate in organized medicine through membership and donations. After giving to family and friends during the holidays, we, as orthopaedic surgeons, need to give to ourselves—to join or renew membership in a state, regional, or specialty organization, and to donate to a PAC.

If this culture is instilled in us as medical students and residents, it will take minimal effort and cost by state orthopaedic societies such as the Texas Orthopaedic Association (TOA) and other organiza-

tions to recruit members. It will just be second nature.

The TOA example

The TOA has reached out to residents for years. A biannual resident seminar brings residents and board members together in an evening social followed by a half day of business- and policy-themed lectures. Although the curriculum is unparalleled and the lecturers are well-known (the 2015 keynote was given by AAOS President David D. Teuscher, MD), attendance has been mixed. Residents must attend on their own time, after their clinical responsibilities are met and without incentives from their programs.

Attendance at the TOA annual meeting has also been mixed. A Jeopardy-style cage match quiz bowl concludes the meeting on Saturday afternoon, but because residents may drive to Austin after completing their clinical responsibilities on Friday or Saturday morning, they may miss the bulk of the agenda.

Rather than asking how a state orthopaedic society can get more residents to come to its meetings, I think the more strategic question should be how can we educate residents on advocacy and the business of medicine? Most medical school and residency curriculums do not address either topic.

The TOA is piloting a program to bring those messages to the residents. We have created the TOA Business of Orthopaedics Lecture Series, with the goal of a yearly lecture at each orthopaedic residency program in Texas.

Each lecture features an introduction by TOA's executive director highlighting current public policy that could affect the residents' future practice. Then, one of TOA's leaders, who include both private practitioners and academics, discusses business topics (your first contract) and policy (bundled payments).

At the same time, TOA is reaching out to medical student interest groups to arrange meetings during the campus visit. This informal session will feature a short discussion on what is TOA, advocacy, and current events with residents available to answer questions. So far, two sessions have been held,

one at The University of Texas Medical Branch (UTMB) and one at Baylor College of Medicine (BCM), thanks to the support of Ronald W. Lindsey, MD, at UTMB and Thomas R. Hunt III, MD, DSc, and John R. Dawson, MD, at BCM. Omer A. Ilahi, MD, and Howard R. Epps, MD, gave the inaugural lectures at UTMB and BCM, respectively, focusing on expectations when starting an orthopaedic career. Both events were well attended by the residents and students. The lecture series enables both medical students and residents to receive the same message about the importance of organized medicine and to see other students and residents actively participating.

Breaking down academia's barriers

Currently, the individuals active in health policy and serving on boards of medical associations are primarily private practitioners. By traveling to academic institutions around the state, the TOA hopes to bridge the gap and foster relationships with the faculty, program directors, and chairmen. Their support is key in extending time to residents to attend the TOA annual meeting and resident seminars. If each residency program excused one PGY class from clinical responsibilities on the Friday of the TOA annual meeting, attendance would be greatly increased for the duration of the meeting.

As orthopaedic surgeons, we are all on the same team, working toward the same goals—whether we are in academic, hospital, military, or private practice settings. With early exposure and education, participation can become second nature for young practitioners completing their written boards. Just as we seek out a green bin to recycle, young orthopaedists will seek out their state organizations and PACs—because it's just the right thing to do.

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Resident Advocacy at the AAOS Annual Meeting

The AAOS Resident Assembly will host an open forum on Wednesday, March 2, beginning at 6:30 a.m. in Room W308A of the Orange County Convention Center, Orlando, Fla. All residents are invited to attend and discuss proposed actions (initiatives/opportunities for residents or stances on resident issues) to be brought before the Resident Assembly the following day. This is an exciting opportunity for residents to make a difference in the AAOS.

The Resident Assembly will be held on Thursday, March 3, from 1:30 p.m. to 3:30 p.m., in Room W308A.

All residents are invited to attend the AAOS Resident Assembly. The primary purpose of the Resident Assembly is to serve as an advisory body to the AAOS on issues of importance to orthopaedic residents. This is an opportunity for residents to make a contribution to AAOS and toward their own professional advancement. Residents are encouraged to join a committee or become a delegate, so their voices can be heard.

For more information, visit www.aaos.org/residents