



AAOS
AMERICAN ASSOCIATION OF
ORTHOPAEDIC SURGEONS

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Orthopaedic PAC Report

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Resident PAC Donor Spotlight: Question & Answer with Eugene Stautberg III, MD

Eugene Stautberg III, MD

Medical School: University of Texas Medical School at Houston

Residency: University of Texas Medical Branch (UTMB) at Galveston

PGY: 4

Fellowship interest: Foot and Ankle



PAC Newsletter: How did you become interested in advocacy?

Eugene Stautberg, MD: As a junior resident, I was fortunate to become involved with advocacy through the Texas Orthopedic Association (TOA). Advocacy is not something that we are taught in traditional residency programs and it is starkly different in language and atmosphere from the nail bed injuries and ankle fractures I treat in the emergency department. Becoming involved in advocacy early in my training has taught me the basics of the legislative process, the role of the Orthopaedic PAC, and current legislation, which I believe could benefit all residents.

PN: As a resident member, what ways do you feel are available to further promote advocacy involvement among your peers?

ES: There are many ways that residents can be advocates, including developing educational material, joining the AAOS Resident Assembly, or writing articles for *AAOS Now*. Choosing how to be active can be a lot like choosing a fellowship: learn about the process, become involved in different aspects, and then narrow your focus to what you are adept at and interested in. By becoming involved early in training, I can start this process, so that throughout my career I can maximize my contribution.

PN: What are some of the challenges that prohibit other residents from getting involved?

ES: When I was approached to be the resident representative of TOA early in my PGY-3 year, I was excited about the opportunity, but I had to Google 'TOA' to figure out what exactly I was signing up for. Even after doing all of my medical training in the University of Texas system, the TOA acronym had no meaning to me. Most residents I speak with have the same problem – they are not familiar with TOA and our objective, they don't know about the PAC, and certainly don't know about its recent growth and success. Clearly, there is a large addressable market of residents and students who need education on the basics of organized medicine.

[Resident PAC Participation Surpasses 2014 Involvement: Thank you to Participating Programs!](#)

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Ignorance about advocacy and organized medicine is partly due to a resident's heavy clinical responsibilities and the ever increasing administrative tasks which are required by regulatory agencies. As a result of these constraints, residency programs do not create time to educate trainees about advocacy and organized medicine. Additionally, the programs don't always support a resident's interest in advocacy when activities require time away from the program or resources for travel. Thus, the burden of generating time and money to be an advocate is placed on the resident. On the other side of the coin, if more of us got involved we would have a much louder voice to speak out against the increased legislative and regulatory burdens we face in delivering patient care.

PN: What can be done to increase resident awareness and ultimately, involvement?

ES: My co-residents hear about policy and the PAC simply because I bring the discussion back to campus. Recruiting junior residents from every program will help spread the message of advocacy into academics. This can be accomplished by supporting programs like the Resident Assembly and state associations.

Furthermore, organized medicine can continue to work with the program directors and chairmen of residency programs to incorporate advocacy into resident curriculum, just as the business of medicine, billing and coding, and outcome based measures should also be taught. Once residency program directors and chairmen support education in advocacy and the act of being an advocate, only then will we see more widespread resident participation in state and national organizations and the Orthopaedic PAC.