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THE AMERICAN ORTHOPAEDIC ASSOCIATION®

*Leading the profession since 1887*

## AOA Critical Issues

# 2018 AOA Presidential Address: Developing Leaders and Training Thoroughbreds

### AOA Critical Issues

Rick W. Wright, MD

President O’Keefe and Carol, AOA (American Orthopaedic Association) members, International Presidents and partners, and visiting guests: it gives me great pleasure to speak with you today on my topic “Developing Leaders and Training Thoroughbreds.” I have spent several hours over the last few months reviewing the past presidential addresses for the AOA. It has been a worthwhile task as you learn much about an organization by studying its history, which is embedded in its presidential addresses. It also allows you to watch the history of our profession develop over the last 100 years plus, and see the issues that have faced each generation of orthopaedic surgeons. Originally given by the President at the end of his or her term, it switched to the President-Elect in the 1980s.

One thing you realize as you move through these addresses is that nothing is ever truly new. Take for instance this quote: “As the interests of orthopaedic surgeons have tended more to center on operative procedures, some of the less spectacular but equally important phases of our specialty may have been forgotten.” Although this easily could be written today as we concern ourselves with potentially too much focus on surgical patients, it was nonetheless written by Ralph Ghormley in 1949<sup>1</sup>. Additionally, he added this thought in his address: “This association is not a club of honorary attainment, meant for basking in the glories of one’s past, but a medium for active participation and planning....” Still true today.

It also became apparent that few rules govern the presidential address, as witnessed by this quote from Robert W. Johnson in 1950<sup>2</sup>: “The presidential address is really ‘a pig in a poke’ since it bears no warning for its audience and the bylaws and traditions impose no limits on its authors. Like the Walrus in Alice in Wonderland, ‘I can talk of many things; of shoes and ships and sealing wax, of cabbages and kings.’”

Our own esteemed C. McCollister Evarts said, “When faced with the absolute reality of a presidential address, I debated whether to discuss thromboembolic disease, a long-standing area of clinical research of mine, or to address this audience about leaders and leadership—basic and essential for tomorrow’s AOA. I chose the latter.”<sup>3</sup> This must have elicited a standing ovation.

Today’s address, I admit, will not be like others in the past. I do hope though to educate the audience about the AOA’s history and its role in orthopaedics, inspire us for the future, and provide some entertainment, as possible. While going through the previous addresses, I found that every few years the speaker would review the history and accomplishments of the AOA, and since it has been more than a few years since that has been done, I want to remind the audience of some of our past.

On January 29, 1887, 14 orthopaedic surgeons met in New York City to consider the formation of a national orthopaedic association. In the grand tradition of orthopaedics, they

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could not agree. Ten voted yes, 2 no, and 2 abstained. With this mostly positive vote, they moved on to develop the first national orthopaedic association in the world. To put this in some perspective, this was 8 years before Roentgen discovered x-rays. It is hard to imagine practicing orthopaedics without x-rays.

The AOA has had enormous impact through the years. To quote Edwin Cave from 1961: "Election to the American Orthopaedic Association does not mean that we have reached the top and can rest—quite the opposite. It indicates added responsibility in directing the teaching and practicing of orthopaedic surgery in North America and influencing it...throughout the globe."<sup>4</sup>

The AOA, since its formation, has been instrumental in spawning multiple other orthopaedic entities (Table I). These have included the Transactions of the AOA in 1889, which eventually became The Journal of Bone & Joint Surgery (JBJS) in 1922. In 1933, it was recognized that we needed a national organization for all orthopaedic surgeons, and the American Academy of Orthopaedic Surgeons (AAOS) was formed. Our certifying board, the American Board of Orthopaedic Surgery (ABOS), was developed by the AOA in 1934. In 1948, we saw the formation of the ABC (American-British-Canadian) Traveling Fellowships. Arthur Shands announced the formation of OREF (the Orthopaedic Research and Education Foundation) in his 1954 presidential address<sup>5</sup>. The National Residents Conference, which morphed into today's Resident Leadership Forum (RLF) in 2003, was started in 1968. We merged with the Academic Orthopaedic Society in 2003. We began OMEGA (the Orthopaedic Medical Grants Association) in 2008, and, in 2009, met the need of our specialty for a program director body by beginning CORD (the Council of Orthopaedic Residency Directors).

Through the years, the AOA has tackled many critical issues. Over the last 5 years, with strategic planning and discussions, it has become apparent that the topics that the AOA can focus on and improve in orthopaedics revolve around leadership and resident education. My talk today will focus on the first of these—leadership. Many previous Presidents have also touched on this topic and its importance to the AOA and orthopaedics. As C. McCollister Evarts stated in 1985, "AOA members cannot rest on their laurels. It is not sufficient just to belong to an elitist organization; we must

recognize and develop our leaders and leadership in order to enable all of the orthopaedic organizations to begin to meet the challenges ahead."<sup>3</sup> The AOA is the global orthopaedic society that crosses all subspecialty lines. What other meeting do you attend where you will be sitting beside 2 people who practice a different specialty? Not even the AAOS meeting accomplishes that as we end up in rooms devoted to presentations focused on our practice parameters.

Leadership has always been important, but a challenge for the AOA was described by James R. Urbaniak in 1994: "With the proliferation of so many great organizations, however, it admittedly has become more difficult for the AOA to maintain a leadership role. Yet the Association's potential for leadership has never been as great or as valuable as it is today."<sup>6</sup> Or as described by Stuart Weinstein in 1997, "In becoming members of the AOA, the premier leadership organization in our field, all of us accepted a stake in its mission. A major part of that mission is to provide leadership to our specialty."<sup>7</sup>

Leadership is critical to all of our daily lives. Like it or not, when you chose to become an orthopaedic surgeon, you faced the need to be a leader. This can occur in multiple settings. We are leaders of our clinical/surgical teams. When a problem occurs in the operating room, everyone looks to the surgeon to lead the way to a successful conclusion. We are, or should be, leaders in our hospitals, groups/departments, and organizations, and we all should accept leadership roles in our communities and homes. As AOA members, we have a responsibility. As we all know, the current young people choosing orthopaedics as a profession are some of the best and brightest in our medical schools. For this talented group, we must provide leadership, find leaders, and, more importantly, develop leaders in their ranks.

Leadership has many definitions. In the words of John C. Maxwell, one of the preeminent writers on leadership topics, "Leadership is not about titles, positions, or flow charts. It is about one life influencing another."<sup>8</sup> According to Stephen R. Covey, "Leadership is communicating others' worth and potential so clearly that they are inspired to see it in themselves." John Quincy Adams felt that "if your actions inspire others to dream more, learn more, do more, and become more, you are a leader." Ken Kesey defined it this way: "You don't lead by pointing and telling people some place to go. You lead by going to that place and making a case." As a sports surgeon, I have to include a coach's thoughts. Tom Landry stated, "Leadership is a matter of having people look at you and gain confidence, seeing how you react. If you're in control, they're in control." So true in the operating room. Finally, according to Bill Gates, "As we look ahead into the next century, leaders will be those who empower others."

We are fortunate, though, because we have great leaders in orthopaedics, many of whom are sitting in this room, and I would like to hear their thoughts. Marc Swiontkowski, how do you define a leader? Marc Swiontkowski: "A leader is the individual that keeps a laser focus on the mission of an organization—in the case of most of us in this room, that is the patient first. To serve the mission, the leader often makes decisions that are not in her or his personal interests."

**TABLE I Orthopaedic Entities Arising from the AOA**

1889 Transactions of the AOA → 1922 JBJS
1933 AAOS
1934 ABOS
1948 ABC Traveling Fellowships
1954 OREF
1968 National Residents Conference → 2003 RLF
2003 Academic Orthopaedic Society Merger
2008 OMEGA
2009 CORD

Kristy Weber, what are your thoughts? Kristy Weber: “I believe that a leader must be courageous in order to make difficult and potentially unpopular decisions to move an organization forward. Per the Jim Collins description, a leader is also humble. He or she attributes any successes to others and takes personal responsibility for any failures.”

And finally, the boss from Vanderbilt who taught me my first leadership principles in orthopaedics, how would you describe leadership? Dan Spengler: “Leadership incorporates a large set of skills and a true commitment to continuous learning. As a former department chair, I recommend 5 areas for focus: (1) goals need to be set and linked with vision and passion; faculty members then need to be (2) empowered and (3) motivated to achieve high expectations (metrics); and (4) the successful faculty member who achieves the goals should be (5) recognized and rewarded for his or her achievement. Then repeat the cycle.”

Not often is Ralph Nader quoted in an orthopaedic talk, but he described the need to develop leaders by stating: “I start with the premise that the function of leadership is to produce more leaders, not more followers.” We need to identify potential leaders who have the capacity to accept the responsibility and desire to continue to grow.

### Training Thoroughbreds

Training thoroughbreds has much in common with developing orthopaedic leaders. Some of you know that my wife Lana and I have belonged to a thoroughbred horse syndicate for the past 8 years. The thoroughbred breed was developed in the late seventeenth century in England. Fundamentally, the breed descended from 3 Arabian stallions that were bred to English mares. The first American thoroughbred was Bulle Rock, imported in 1730. Our syndicate’s goals are to purchase horses capable of racing and winning at the classic distances (one and one-quarter to one and one-half miles). In Donegal Racing, we use an algorithm for selecting horses to bring some science and objectivity to the process. We perform DNA testing to look for the proper combination of speed and stamina to carry speed through the longer distances that are required for the classics. Additionally, a cardiac scan and a vet review are performed to ensure adequate cardiac support. The pedigree is analyzed with special attention to the broodmare (dam, or mother) and broodmare sire (grandfather). Using this information, we value the horses for bidding. In Video 1, at the 2012 Blue Grass Stakes, a qualifying race for the Kentucky Derby at Keeneland Park in Lexington, Kentucky, you can see our horse overtake Hansen in the stretch because the other horse was not bred for the longer distance as was our horse. Much like choosing who can become a leader, you need the necessary stamina to see it through.

### Developing Leaders

The question then becomes, are leaders born or made? If born, then my talk and the whole industry of leadership development are wasted. I believe that some of us are intuitively natural leaders, but most of us have some inclination and have to improve through work and learning. This is evidenced by the 50,000 books on leadership that are found when searching

Amazon.com, and the 347 million hits when searching “Leadership Development” on Google.com. As Vince Lombardi stated, “Leaders are made, they are not born. They are made by hard effort.” Developing leaders is also part of the AOA Mission Statement: “Engaging the orthopaedic community to *develop leaders*, strategies, and resources to guide the future of musculoskeletal care.”

Jim Collins, in his classic treatise on companies “Good to Great: Why Some Companies Make the Leap and Others Don’t,” developed the leadership pyramid of 5 levels of leadership; level 4 is an effective leader, but a level-5 leader is a transformational leader for his or her “great” companies<sup>9</sup>. He believed that people can develop to level-4 leadership, but some people’s egos prevent developing to level 5. He thinks that level-5 leaders are more prevalent than we believe, and it is incumbent for us to identify potential and nurture these leaders.

John Maxwell believes (1) “It takes a leader to know a leader, grow a leader, and show a leader”; (2) “To develop positive, successful people, look for the gold, not the dirt”; and (3) “Nurturing has the potential to transform lives.”<sup>8,10</sup> He has a system that he labels as “BEST”:

Believe in them  
Encourage them  
Share with them  
Trust them

Sam Walker, in “The Captain Class: The Hidden Force That Creates the World’s Greatest Teams,” identified 16 iconic sports dynasties around the world throughout history<sup>11</sup>. These ranged from Australian Rules football to the Celtics, the Canadiens, the Yankees, U.S.A. women’s soccer, New Zealand All Blacks rugby, etc. He found that they shared 1 common characteristic. It was not the coaching, not the star player, not money or strategy, but rather the captain of the team. Each team ascended to greatness when they were led by a selfless captain who demonstrated the following characteristics:

Extreme doggedness and focus in competition  
Aggressive play that tests rules limits  
Willingness to do thankless jobs in the shadows  
Low-key, practical, and democratic communication style  
Motivates others with passionate nonverbal displays  
Strong convictions and courage to stand apart  
Ironclad emotional control

None of these captains were born leaders. All were given time to develop, audition, and become a leader. Sam believes that given the choice, leaders will take a situation and make something of it as these did.

### Training Thoroughbreds

Similar to orthopaedics, not every thoroughbred develops at the same rate. We use our algorithm to buy colts at the Keeneland Yearling Sale of 1-year-olds. Following this sale, the colts are shipped to Elloree, South Carolina, for training to get used to the saddle and to begin racing. Once trained, the horses are

delivered to different trainers around the country for final finishing. We have been lucky in that we have been able to put our horses with outstanding trainers, including Bob Baffert, Todd Pletcher, and Bill Mott, all Hall-of-Fame trainers. Like an orthopaedist, not all colts develop in the same time frame, but our goal is to have a horse start competing as a 2-year-old and run Kentucky Derby-qualifying races as a 3-year-old. In Video 2, you will see Finnegan's Wake running in the Woodford Reserve Classic. It is the race just prior to the Kentucky Derby and is the most significant turf race on Derby Day. As you will see, Finnegan's Wake takes this race at his own pace, lagging far behind the other horses prior to making a stretch run.

### Developing Leaders

Based upon membership surveys and anecdotal discussions, many of our earliest AOA leadership experiences were through the Kellogg Leadership series. This was followed by the Booth series. Currently, we have no formal leadership development program beyond the Leadership Institute that is offered on an afternoon at the annual meeting. It was the board's belief that the AOA needs the next iteration of leadership development. The leadership committee, under the leadership of Jim Ficke and assisted by Jeff Wang, has developed a proposal in conjunction with the University of Southern California. This partner program will begin in January 2019. Solicitation will begin this fall and will be limited to the first 35 applicants. We have named this the AOA/USC APEX (advancement, power, education, excellence) Leadership Program.

The program will focus on both individual leadership development and organizational leadership development. It will have instruction and modules dedicated to the following topics:

- Disruption/developing a strategic mindset
- Emotional intelligence
- Organizational culture
- Understanding the health-care industry
- Strategic analysis for competitive advantage
- Project valuation
- Process improvement
- Effectively negotiating/power of persuasion
- Leadership for high-performing teams

Power and influence

Leading teams

Leading and managing organizational change

The program will consist of 3 in-person sessions, and 1 will be coordinated with the June AOA meeting. The course will be taught by the USC staff with 3 senior AOA leadership ambassadors for planning and coordinating the offerings. The 3 ambassadors are Ted Miclau, Mary O'Connor, and Ted Parsons. We are excited about the possibilities of this program and feel that it will offer outstanding leadership opportunities for many of our members.

### Conclusion

In closing, I would like to say that the history of the AOA has been one of dramatic impact on our specialty. I believe that our future is the opportunity to reach across all subspecialties and organizations to provide leadership on critical issues in orthopaedics. As Don O'Donoghue said in 1966 in his presidential address "The AOA must continue to be the inspiration, the dynamic force, and also the ever-present governor to elevate and maintain our specialty as an example to others in our dedication to the better life through orthopaedics."<sup>12</sup>

In Video 3, we see Keen Ice racing against American Pharoah in the Travers Stakes. Keen Ice had finished third to him in the Belmont Stakes in May, finished second to him in the Haskell Stakes in August, and, 3 weeks later, gave American Pharoah his only defeat in his Triple Crown year by besting him in the Travers Stakes. Orthopaedists take note: keep working hard, keep striving, and you can become your best. ■

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