

LESSONS LEARNED AND NOT FORGOTTEN

Peter J. Stern, MD

No conflicts relevant to this presentation

Disclaimer

Level V presentation
Non-evidence based

Items I'll Discuss

- A few elements of successful leadership
- Communication
- Generational Differences and how they have affected me
- Greed
- Leaders who have impacted my life
- Giving Back

LEADERSHIP IS AKIN TO A WOLF PACK



BEING A LEADER IS NOT ABOUT BEING IN FRONT
ITS ABOUT TAKING CARE OF YOUR TEAM

Rarely is there the complete leader

- The *incomplete leader* recognizes his/her deficiencies
 - Knows when to let go, recognizes strengths/weakness of colleagues
- Critical elements: **How would you grade yourself?**
 1. Sensemaking: Understanding the local and national playing field and its constant changes
 2. Relating: listening, advocating, connecting
 3. Visionary: for academic and clinical excellence
 4. Ethics & integrity
 5. Business Savvy

My Report Card When I was Department Chair

1. Sensemaking: Understanding the local & national playing field and its constant changes. **B**
2. Relating: listening, advocating, connecting **A**
3. Visionary: for academic and clinical excellence **B**
4. Ethical/ beyond reproach **A**
5. Business Savvy **C**

Making Decisions

("I'll think about it")

- As a Department Chair, I quickly learned not to make *snap* decisions
- EXAMPLE: Harried, angry faculty member threatens to resign unless more \$\$\$
 - "I'll think about it and will get back to you"
- On the other hand, go out of your way to be supportive & avoid flat-out conflict
- Decisions made when there are C.O.I.'s have terrible optics
 - EXAMPLE: Industry relationships

From my perspective: Strong leaders put their *staff* first

- To earn trust: treat your people like *family*
 - 80% of employees are dissatisfied w/ their jobs*
- My team
 - I always try to see the cup ½ full
 - Morning Gloom & Doom vs. a Smile
 - Our values
 - Patient at center of health-care paradigm
 - Remember: you can't buy loyalty



14, 11, 33 years

22 years

Leaders Eat Last, by Simon Sinek

* Deloitte Shift Index

TOP DEFINITION



Too big for your britches

Adjective phrase meaning that your assumed position is slightly larger than the actual position you belong in, hence the idiom referring to the too big for the pair of pants.

When you smarted off to the boss yesterday, everyone in the office thought you were too big for your britches.

#over confident #all assuming #power struck #hot headed #too big for your britches

Too Big for your Britches

- My D.C. airport check-in experience



Too Big for your Britches

- ***The Sally Test***



Handwritten Letters and Notes

“In an age of torrential email, incessant group texts, and lackadaisical Facebook birthday posts, snail mail has become quaint, almost vintage.”#

- Ingrained in me by my mother
- Excluding holiday cards/invitations avg. U.S. household receives 10 personal mails/ year!
- They make me feel good; I save them



DUKE UNIVERSITY MEDICAL CENTER

J. Leonard Goldner, M.D., D.Sc. (hon)
James B. Duke Professor and Chief Emeritus
Orthopaedic Surgery

September 11, 2001

Peter J. Stern, M.D.
President, ASSH
Hand Surgery Specialists
2800 Winslow Avenue
Suite 401
Cincinnati, OH 45206

Dear Peter:

I regret that Ken and I will not be able to attend annual meeting of the ASSH. We have a conflict with another professional group that I am obligated to attend for various reasons.

The program is well planned and should stimulate the members. I regret also that we will not be able to be with you and Sandy for the dessert reception.

I appreciate your letter to me relative to Repetitive Stress Injuries. That is a topic that needs a great deal of input by knowledgeable individuals. Physical and legal subjects are treated differently by Congress than are scientific facts. Unfortunately, the RSI has become political and emotional.

You have done well as President and I know you will continue to be active with the ASSH.

Kindest regards,

Sincerely,

J. Leonard Goldner, M.D.

JLG:pbb

DUMC 3706 • Durham, North Carolina 27710 • Office (919) 684-2628 • Fax (919) 684-8200

Reduced print of a
geometrized and prime
colored 1991 study (S.I.L.),
made from Albrecht
Dürer's 1497 drawing of
his Uncle (with wings?)
playing the Lute.

original 1991
drawing
made for the cover (same color)
of: *Journal of Hand Surgery*

Dear Peter,

Many thanks for the fine
'Brad Eaton Memorial Lecture',
the Sat. Clinical Program,
and the time given despite
your Presidential burden.

I appreciate the kind note
and the following one with its
encouragement for Baltimore
in October - I'll be there, it's
a memorable place; from
Duke in '42, I went to the
Johns Hopkins Hospital and

EDWARD ANTHONY RANKIN

7 Feb 06

Dear Peter,

Thank you for your enduring
support and friendship. I am very
pleased and honored with this
opportunity.

Sincerely,
Jay

The Drawer



"Enjoy every trigger finger"

January 4, 2021

Dear Dr. Stern,
I want to thank you again
for my double thumb surgery.
It was most successful and I
am able to paint, cook, etc.
again. Like a miracle.

So, I told you I'd give you
my first painting post surgery.
Well it's actually an illustrated
Children's book I wrote for
my daughter many years ago +
illustrated + printed this year
for Christmas presents.

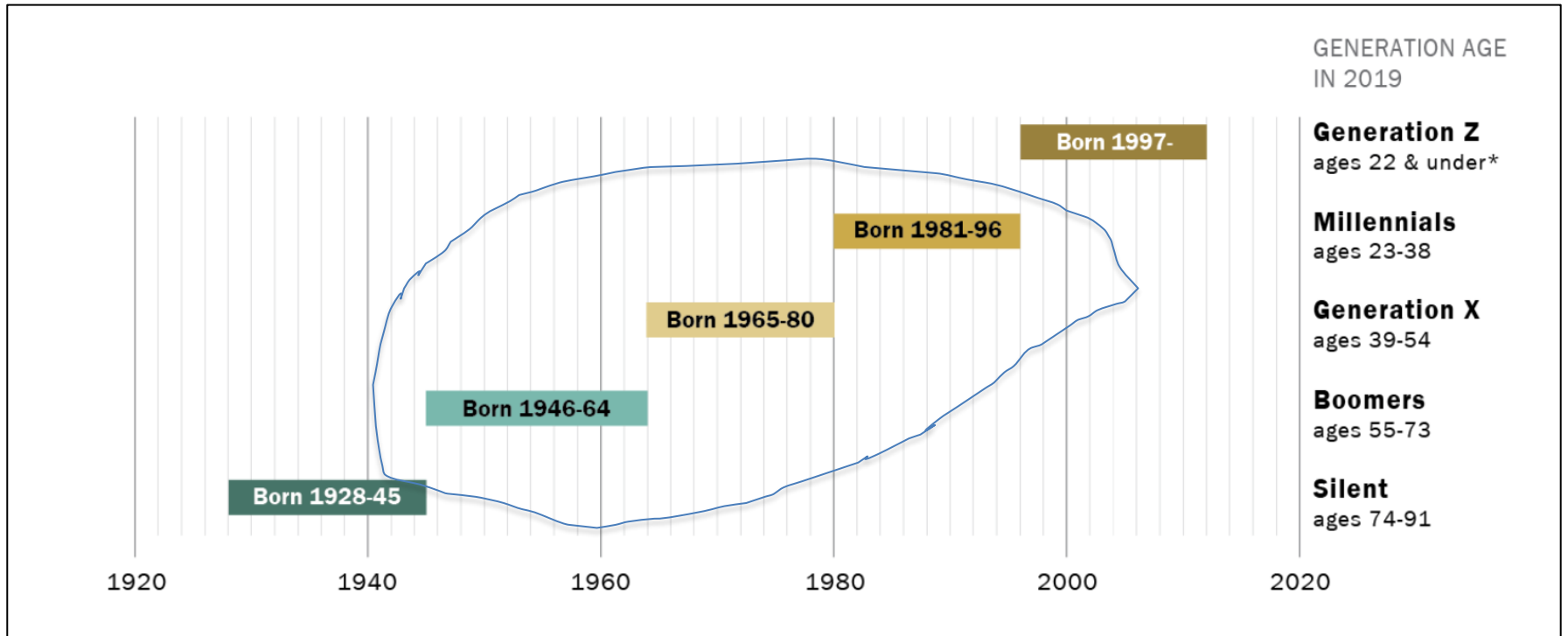
Here's one for you with
gratitude. All good wishes
Jodie Grunty

September 2018, ASSH Presidential Lecture

James Chang, MD J&J Professor of Plastic
and Reconstructive Surgery
Stanford University School of Medicine

GENERATIONAL DIFFERENCES

A lot is Made of Generational Differences



Leaders understand and accept generational differences

Boomers..... 55-73 years

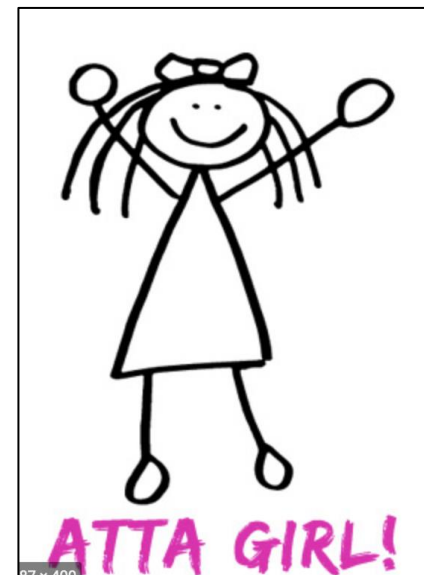
- Hypercompetitive
- Loyal to employer
- Conspicuous consumer
- Workaholic
 - Live to work
- Goal oriented

Millennials/ Generation Y..... 23-38 years

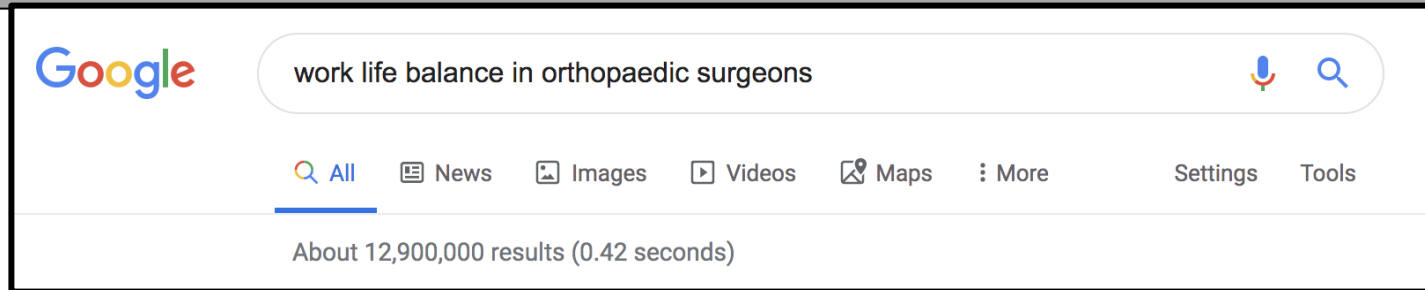
- Tech-savvy
- Usually prioritize family over work
 - Work-life balance
- Crave attention & feedback
- Team Oriented
- Job-hopping
- Value diversity

Millennials Hunger for Approval/Feedback (In contrast to Boomers)

- “How did I do, Dr. Stern?”
- I might argue
 - Despite different values and priorities.....
 - Everyone, regardless of age, wants to be valued
 - “atta boy or girl”



I APPLAUD WORK-LIFE BALANCE (Millennials)



- For most Millennials W-LB defines success*
 - Job promotion and materialism **less important**
- Burnout** (45.8%) U.S. physicians in 2012
 - Physician Suicide at least 2x general population
 - ½ all orthopaedic surgeons show signs of burnout***
- I'm blessed; have never experienced burnout

*2016 Deloitte Millennial survey

**Ames SE et al. *JBJS*, 2017

*** Daniels, *JAAOS*, 2016.



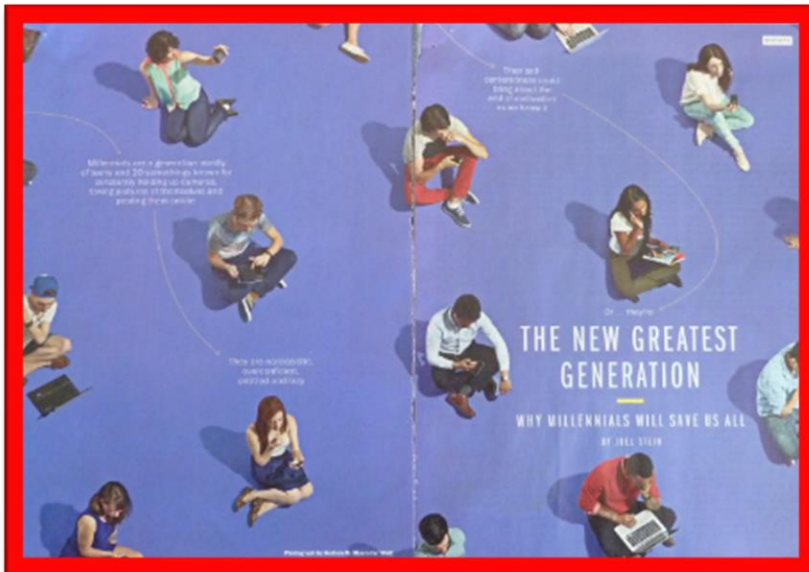
Burnout

Hu YY, Ellis RJ, Hewitt DB. *NEJM*, 1741, 2019

- Survey of 99.7% general surgical residents (~7,400)
- Burnout rates greatest among women
 - 65% gender discrimination and 20% sexual discrimination
- Patients & families most freq. source gender discrimination
- Attendings most freq. source of sexual (20%) and abuse (52%)
- As orthopaedic surgeons (**particularly in my generation**) we must be sensitive and supportive of those struggling with burnout

Pick your battles carefully (Boomers vs. Millennials)

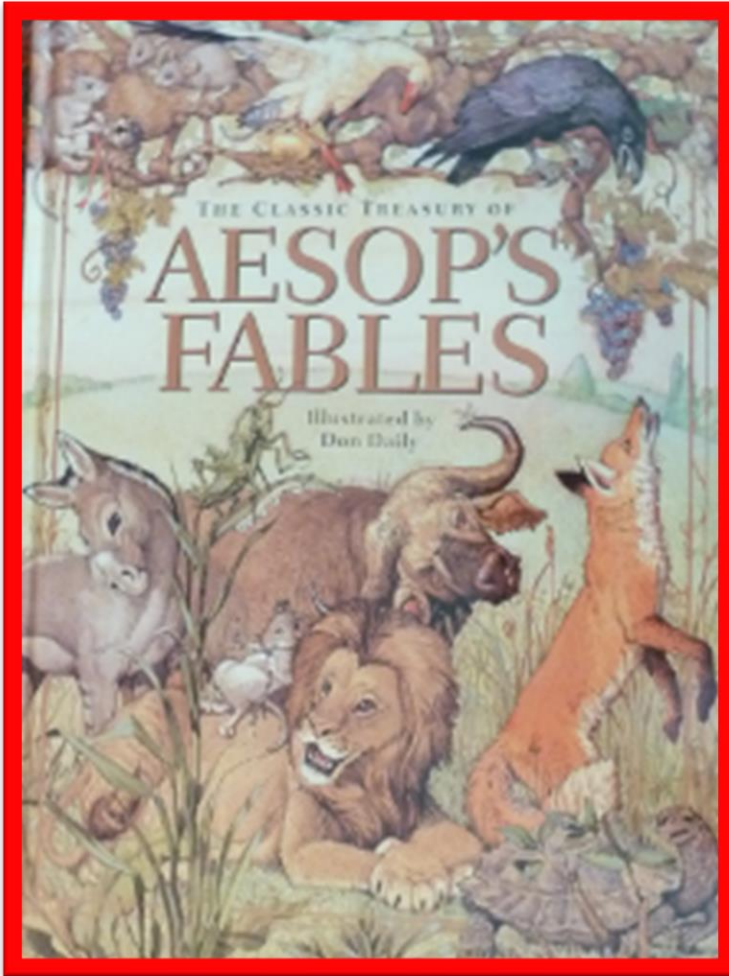
- Where I draw the line
 - Dress
 - Cell phones at conferences and lectures



“Climb the mountain so you can see the world, not so the world can see you.”

.....David McCullough

GREED



*The Goose that Laid
the Golden Egg*



Taking the high road: may not be so easy (A saga as I remember it)

- **A.D. Background:** Medical training in Pakistan and England
 - Came to U.S. mid-90's and completed fellowships at TSRH, Gainesville (Enneking) and C.C.H.M.C.
 - Completes ACGME accredited residency followed by a 1-year spine fellowship
 - Joins full time faculty at C.C.H.M.C. (~2006) and quickly became #1 orthopaedic biller
 - Social Media and HealthGrades
 - Regarded as a '**GOOD**' surgeon with lax indications
 - Receives ABOS certification

Taking the high road: may not be so easy (A saga as I remember it)

~ three years into practice I receive a letter from a senior faculty spine surgeon

- He questions A.D.'s indications for surgery with detailed documentation
- I voice my concerns to Chief of Surgery at CCHMC
- Six weeks later AD 'resigns' from CCHMC
- I later learned he had:
 - Falsified data in scientific presentations
 - An affair with his physician assistant
 - Huge volume of unindicated spine surgeries in children
 - Was the #1 revenue generator in the surgical department
 - Nurses testified that no other surgeon received as much special treatment

Taking the high road: may not be so easy (A saga as I remember it)

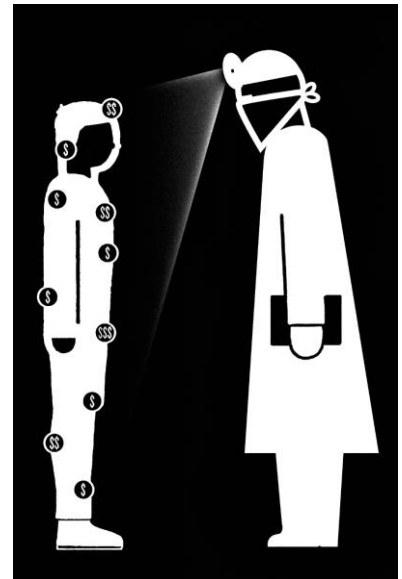
- After CCHMC, AD opens up 'shop' at a local adult hospital
- In short order, many complications including deaths
 - he 'resigns' from these hospitals
- High ratings from Healthgrades
 - Easy to achieve when you operate on healthy 40 y.o.
- AD then obtains privileges at our new suburban hospital (WCMC) affiliated w/ our medical center

Taking the high road: may not be so easy (A saga as I remember it)

- I complained (face-face) to CEO of our healthcare system and the CEO of WCMC that:
 - AD was dangerous, doing unnecessary surgery, and having far too many complications. I was as met with deaf ears.
- At same time, 2 spine surgeons and I, meet (on several occasions) w/ the Dean of the C.O.M. and drafted a letter to O.S.M.B. voicing our concerns. In the end we are told:
 - Letter cannot go on COM stationary
 - If we send the letter on personal stationary, we could be sued
- Letter to O.S. Medical Board was never sent
 - I regret this decision

Taking the high road: may not be so easy (A saga as I remember it)

- By 2013: lawsuits building up
 - Final count allegedly 500 lawsuits
- July 2013: arrested by FBI and indicted for unnecessary surgeries and fraudulent billing to Medicare, Medicaid, and private insurance
- December 2013: He flees to Pakistan
 - Leaves wife and children behind



My take.....

- This was an incredibly frustrating experience for me and my spine colleagues.
 - I have no regrets in our actions
 - My colleagues and I were deeply disturbed that this sociopathic liar hoodwinked many health care systems for > a decade
- C.O.I. in surgeons and hospital administrators are very real.
- Providers and health care systems can leverage patient financial resources to increase their bottom line.
- Some hospital monoliths 'turn the other way' so as not to impact their bottom line

Take the High Road

- In the name of patient health and safety
 - We MUST speak out
 - Put aside self-interest and professional camaraderie
 - We have a responsibility to society and our patients to report egregious patient care
 - Despite the potential for lawsuit

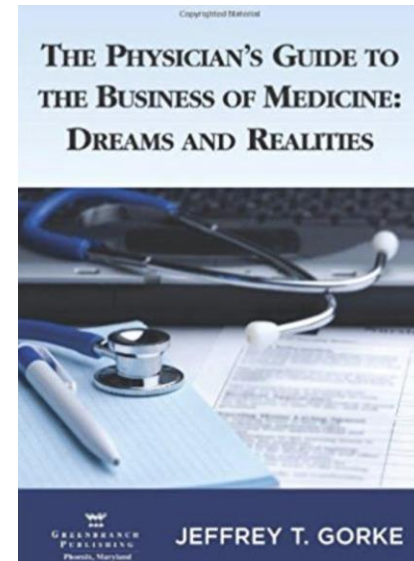
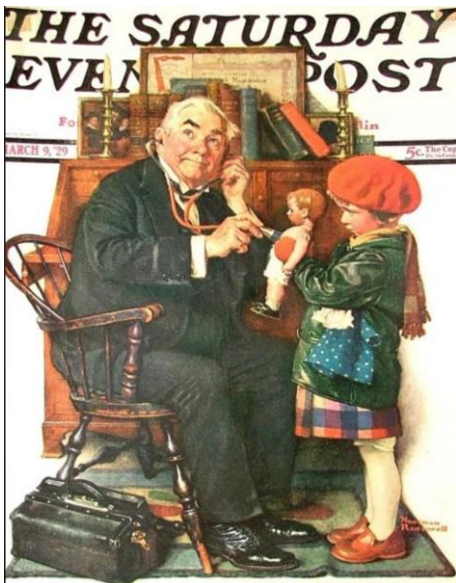
Physicians' perceptions, preparedness for reporting, and experiences related to impaired and incompetent colleagues

- Survey: 2938 physicians (64% response)
- Overall, physicians support the professional commitment to report all instances of impaired or incompetent colleagues in their medical practice to a relevant authority; however, when faced with these situations, **many do not report.**

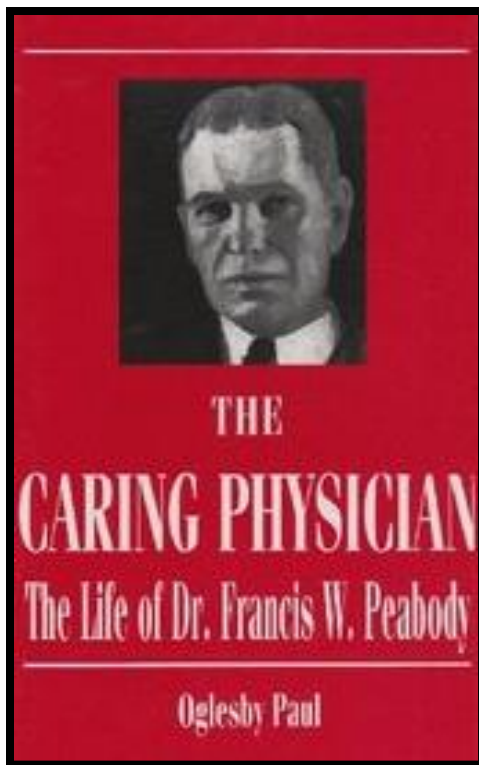
During my lifetime

There's been a *shift* in the way physicians interact with patients

Practice of Medicine  Business of Medicine



We should all remember: Francis W. Peabody, MD

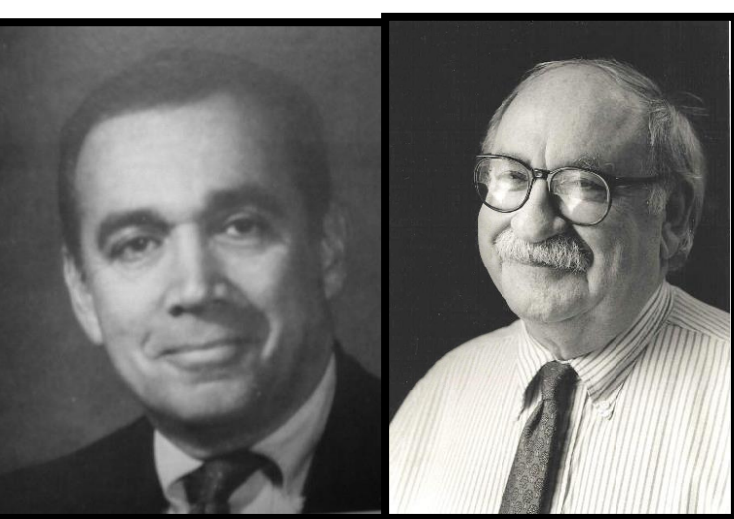


“The secret of the care of the patient is in caring for the patient”

Great Orthopaedic Leaders and My Role Models

*If you see a turtle on a fencepost,
he didn't get there by himself.....*

James H. Beaty, MD circa 2006



Intellectually
Capable

Educator

Clinician

Scientist

R.J. Smith
Henry Mankin



Educator

Clinician

Scientist

R.J. Smith
Henry Mankin

Jim Urbaniak
Harold Kleinert

Intellectually Capable



Educator

R.J. Smith
Henry Mankin


Clinician

Jim Urbaniak
Harold Kleinert

Scientist

Richard Gelberman

GIVING BACK

WHAT'S YOUR PASSION?  GET INVOLVED

1. Direct Participation---locally or nationally
 - Board Member or Volunteer
 - Arthritis Foundation, U.C. Foundation,
Public Library Foundation; Ronald McDonald House
2. Personal Philanthropy
3. Volunteer to the underserved

GIVING BACK: THE ULTIMATE

- **STUART L. WEINSTEIN, MD**
- **ORGANIZATIONS:**
 - POSNA, AOA, AAOS, ABOS
- **VOLUNTEER**
 - Spine surgery in Viet Nam
- **ADVOCACY**
 - Orthopaedic PAC
- **Mentor/ ROLE MODEL**



GIVING BACK (Outreach)



REMEMBER.....

**“We make a living by what we get,
we make a life by what we give”**

----- Winston Churchill

AND FINALLY.....FAMILY



51 years on
5-28-2021

One wife
No interruptions



THANK YOU