LESSONS LEARNED AND NOT FORGOTTEN

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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 as 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 **people** 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

* Deloitte Shift Index 14, 11, 33 years

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**Leaders Eat Last**, by Simon Sinek

14, 11, 33 years
22 years
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 breetches
Too Big for your Britches

• My D.C. airport check-in experience
Too Big for your Britches

• The *Sally Test*
“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
Dear Peter,

Many thanks for the fine Brad Eaton Memorial Lecture. The fax, Clinical Prog. and the talk given despite your presidential duties. I appreciate the kind note and the following one with its encouragement for Baltimore in October - will be there in a memorable place. From Duke in '74, I went to the Hopkins Hospital and

Edward Anthony Rankin

7/26/06

Dear Peter,

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

Sincerely, Gay
GENERATIONAL DIFFERENCES
A lot is Made of Generational Differences

<table>
<thead>
<tr>
<th>GENERATION AGE IN 2019</th>
<th>Born 1928-45</th>
<th>Born 1946-64</th>
<th>Born 1965-80</th>
<th>Born 1981-96</th>
<th>Born 1997-</th>
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<tbody>
<tr>
<td>Generation Z</td>
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<td></td>
<td></td>
<td>ages 22 &amp; under*</td>
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<tr>
<td>Millennials</td>
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<td>ages 23-38</td>
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<td>Generation X</td>
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<td>ages 39-54</td>
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<td>Boomers</td>
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<td>ages 55-73</td>
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<td>Silent</td>
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<td>ages 74-91</td>
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</tbody>
</table>
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 (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
• I’m blessed; have never experienced burnout

*2016 Deloitte Millennial survey
**Ames SE et al. JBJS, 2017
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 leaders (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
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 are building up
  - Final count allegedly 500 patients
- July 2013: arrested by FBI and indicted for performing unnecessary surgeries and fraudulent billing to Medicare, Medicaid, and private insurance
- December 2013: He flees to Pakistan
  - Leaves his 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.

DesRoches CM et al. JAMA. 2010
During my lifetime

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

Professionalism/ Humanism  \(\rightarrow\)  Business/Commercialism

*The Physician’s Guide to the Business of Medicine: Dreams and Realities*
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
Intellectually Capable

Educator

Clinician

Scientist

R.J. Smith

Henry Mankin
R.J. Smith
Henry Mankin

Jim Urbaniak
Harold Kleinert
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)
“We make a living by what we get, we make a life by what we give”

--------- Winston Churchill
AND FINALLY.......FAMILY
NEVER forget your family
50 years on
5-28-2020
One wife
No interruptions
THANK YOU