

The AAOS Resident Assembly: A Look Back on the Inaugural Year

● JEREMY M. BURNHAM, MD

With the close of the 2016 AAOS Annual Meeting, the AAOS Resident Assembly (RA) has completed its inaugural year. Considering the substantial time and resources needed to take the RA from concept to reality, the first year flew by. By all accounts, the RA made significant strides in fulfilling its mission to engage, educate, and represent orthopaedic residents and fellows, while developing future AAOS members and leaders. Furthermore, the stage is now set for continued growth and improvement.

Increased resident participation

Before the creation of the RA, the main avenue for resident participation in the AAOS was the Committee Appointment Program (CAP). In 2015, 19 residents were serving in CAP-appointed roles, accounting for less than 1 percent of the more than 5,500 eligible residents and fellows. This number has increased substantially with the advent of the RA.

At the 2016 Annual Meeting, more than 120 residents served as delegates for their home programs, and an additional 100 residents participated in the RA meeting. This 11-fold increase in resident participation is substantial, but still leaves room for engagement by the remaining 96 percent of residents. Resident participation in the Orthopaedic Political Action Committee (PAC) also increased nearly 200 percent—from 84 residents in 2014 to more than 230 in 2015—due in large part to the leadership



Resident Bowl team members Joseph Laurence Petfield, MD; Daniel E. Davis, MD; and Philip A. Ashley, MD, pose with Master of Ceremonies David D. Teuscher, MD.

of **Chad A. Krueger, MD**, the first AAOS PAC fellow.

Resident and fellow participation in the RA can occur in many forms. By definition, all U.S. and Canadian residents and fellows in good standing with their training programs are members of the RA, including both allopathic and osteopathic trainees. Each training program is allowed to have one delegate that serves as a voting member and represents his or her home program at the Annual Meeting. All members are able to participate in one of the five subject matter committees (Health Policy, Education, Research, Technology, and Practice Management). After a year of participation, the member can run for chair of that

committee (as determined by committee member votes at the Annual Meeting). All committee chairs are part of the Executive Committee, which also includes the chair, past-chair, and vice-chair of the RA, and two member-at-large positions voted on by all RA members. Additional opportunities to get involved, such as ad hoc workgroups, are plentiful.

Additional accomplishments

Seven action items covering a wide array of topics, including global health rotations for U.S. orthopaedic residents, resident involvement in the National Orthopaedic Leadership Conference and state medical societies, standardization of narcotic prescription licensing

for residents, and an online curriculum for PGY-1 residents, were submitted by resident members for discussion at this year's RA meeting in Orlando. These action items were subjected to spirited debate at an open forum and were ultimately voted on by resident delegates at the RA Meeting.

Perhaps the most conspicuous RA activity this year was the 1st Annual Resident Bowl, held during the 2016 Annual Meeting. AAOS Past-President **David D. Teuscher, MD**, served as the Master of Ceremonies for the event during which approximately 20 teams and more than 50 residents and fellows participated in a quiz bowl, with questions ranging from clinical orthopaedics to sports trivia. The winning team walked away not only with bragging rights, but also with AAOS Educational Store gift certificates. An overwhelming success, excitement is already building around next year's Resident Bowl competition.

Through its subject matter committees and workgroups, the RA made numerous other contributions throughout the year. For example, committee members published more than 15 articles in *AAOS Now* and the *Journal of the AAOS*, led webinars, and held conference calls covering a wide variety of topics relevant to orthopaedic trainees. In addition, members of the Executive Committee provided input and revisions for the AAOS Strategic Plan, and the Technology Committee participated in beta testing and provided valuable feedback for the new AAOS website redesign. The Health Policy, Research, Education, and Practice Management Committees also made substantial strides to increase resident engagement.

RA member involvement also included participation in the first-ever Medical Student Program at the Annual Meeting, development of guidelines for U.S. orthopaedic resident global health rotations, and work on a mentorship program.

Future directions

Members of the 2016–2017 RA have enormous shoes to fill. However, the founders of the RA have provided a substantial base to

A Team Effort

Many hard-working team members helped make the inaugural-year accomplishments of the RA a reality. For starters, **Young-Jo Kim, MD, PhD**, was not only instrumental in the creation of the RA, but his steady and timely guidance has also been crucial to its success this year. The 2015–2016 RA Chair, **Jared L. Harwood, MD**, and 2015–2016 Past-Chair and original work group member, **Nathan W. Skelley, MD**, have demonstrated exemplary leadership and wisdom and have deftly guided the RA through uncharted waters.

Original work group members CPT(P) **Joseph L. Petfield, MD** (Health Policy), **Rachel M. Frank, MD** (Education), **Brandon Erickson, MD**, (Technology), and **Joshua Hunter, MD** (Research), also served as committee chairs over the past year, as did **Mike Rozell, MD** (Practice Management), and they all set the bar sky-high for the future.

AAOS staff members Kristen Erickson and Erin Volland have put in numerous hours behind the scenes and patiently counseled the residents and fellows through this process. **Verena Schreiber, MD**, and **Mark Schultzel, MD**, were elected as members-at-large last year and immediately began contributing to the RA. In addition, **Todd Milbrandt, MD**; **MaCalus V. Hogan, MD**; **CDR (ret) Matthew T. Provencher, MD**; **Lara Atwater, MD**; **Jason Bariteau, MD**; **Stephen Duncan, MD**; **Brian Grawe, MD**; **Chad A. Krueger, MD**; **Daniel Kang, MD**; **Dan Master, MD**; **Brent Morris, MD**; **Richard J. Peterson, JD**; and **Daniel Prince, MD**, have all contributed significant time and resources to the creation of the RA.

build upon, and we must keep the momentum going. As part of the mission of the RA, we must identify, develop, and support young leaders. We will need to expand key contact programs pairing current leaders and potential mentors in the AAOS with residents and fellows in the RA. Direction, advice, guidance, and support from AAOS members who have been in our shoes will be crucial to the continued success of the RA. Likewise, we hope to provide similar assistance to orthopaedic-minded medical students through AAOS medical student offerings.

Additionally, we must leverage the ingenuity and technological savvy of orthopaedic trainees to innovate and improve orthopaedic training. The current generation of orthopaedic residents and fellows is well-positioned to bridge the gap between medicine and technology. With duty hour restrictions, increasingly strict operating room regulations, and the ever-growing administrative burden of medicine, orthopaedic training must become more efficient. Similarly, the overwhelming volume of journals, textbooks, and online information will necessitate a paradigm shift in the way we access and assess reference materials.

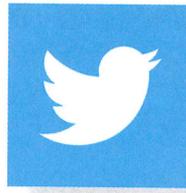
Orthopaedic surgeons who get involved in advocacy early on are more likely to stay involved later in their careers. The rapid changes that will occur in health policy over the next few years will dramatically affect our ability to care for and interact with our patients. We will need a cadre of well-trained and determined leaders to help advocate for our cause.

Finally, we need to help each other continue to develop as orthopaedic surgeons. After all, the purpose of residency is to obtain the training and knowledge base necessary to develop into competent orthopaedic surgeons capable of providing exemplary care to our patients. To the degree possible in the RA, we should strive to assist all residents and fellows in achieving this goal.

The list of goals set forth above is quite formidable. However, anything worth achieving is going to be necessarily challenging and likely fraught with obstacles. With planning, persistence, and passion, the RA will be able to meet these challenges head-on and succeed in its mission. 

may be found in the online version available at www.aaosnow.org

Jeremy M. Burnham, MD, is chair of the 2016–2017 AAOS Resident Assembly. He is currently a PGY-5 resident at the University of Kentucky and will be doing a sports medicine fellowship next year at the University of Pittsburgh.



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The **Diversity Award** recognizes living Academy Fellows and Emeritus members who have distinguished themselves through their outstanding commitment to making orthopaedics more representative of and accessible to the diverse population it serves.

The **Humanitarian Award** recognizes living Academy Fellows, International, and Emeritus members who have distinguished themselves through outstanding musculoskeletal-related humanitarian activities in the United States or abroad.

The **Tipton Leadership Award** recognizes living Academy Fellows or Candidate Members who have demonstrated outstanding leadership qualities that have led to benefits for the orthopaedic community, patients and/or the American public.

Deadline for nominations: June 10, 2016

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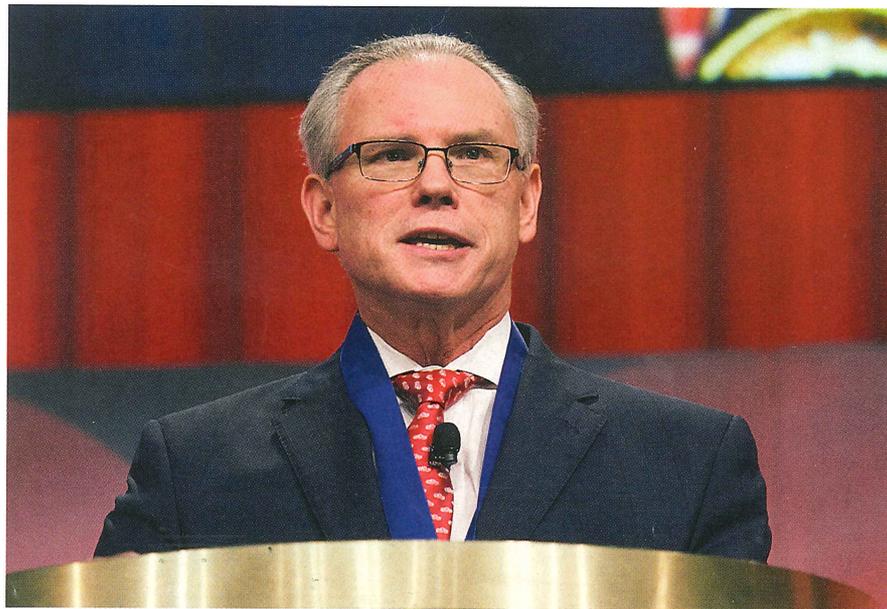
References for the studies cited in this article and additional information about the AAOS Resident Assembly

Gerald R. Williams Jr, MD, Takes the Helm

● JENNIE MCKEE

When Gerald R. Williams Jr, MD, delivered his incoming presidential address during the 2016 AAOS Annual Meeting in Orlando last month, he made it clear that sustaining and encouraging unity in the orthopaedic profession would be a major focus in the coming year.

With a large contingent of his own family members in attendance, Dr. Williams emphasized the challenges and benefits of maintaining a close-knit orthopaedic community, drawing inspiration from Charles A. Rockwood Jr, MD, his residency chair, fellowship director, and mentor, who began his tenure as AAOS president in 1984.



Gerald R. Williams Jr, MD

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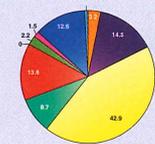
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FEATURES

11 2016 Annual Meeting
Studies focus on THA, TKA, and steroid injections for trigger finger.

25 Orthopaedic Medical Liability



Survey finds that two-thirds of respondents admit to practicing “defensive medicine” in response to the medical liability climate.

30 CPG on Carpal Tunnel Syndrome
Clinical practice guideline (CPG) represents a substantive update to the carpal tunnel syndrome guidelines originally issued in 2008 and revised in 2011.

34 Distraction City
Exhibit highlighted the Academy’s distracted driving and distracted walking campaigns.

44 Professional Compliance Actions
Board of Directors recently considered three grievances filed under the AAOS Professional Compliance Program, as well as a compliance matter not related to the AAOS Standards of Professionalism.

Academy to Public: When You’re on Your Feet

New PSA campaign addresses distracted walking, promotes spine-impairment research

● TERRY STANTON

The Academy recently unveiled its 2016 public service announcement (PSA) campaign which will be distributed to more than 9,000 media outlets across the country. This year’s multimedia program—television, radio, and print PSAs—advises the public on how to prevent serious injuries, and emphasizes the following:

- The dangers of **distracted walking**;
 - The importance of safe, proper **ladder use**;
 - The significance of **bicycle-riders and drivers sharing the road**; and
 - Early intervention for **spine-related impairment**
- “The American Academy of Orthopaedic Surgeons champions the

interests of patients by promoting and advancing optimal musculoskeletal health, injury prevention, and the highest quality patient treatment and care,” said AAOS President Gerald R. Williams Jr, MD. “This year’s PSAs highlight four important safety topics aimed at elevating public awareness—from sprains, tears, and fractures to getting the proper treatment for spine-related impairment.

“We are a multitasking society, but that behavior can impair our ability to get from point A to

point B. Distracted pedestrians also are posing a significant public risk to themselves and to others.” This year’s television ad uses humorous



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