

The AO logo consists of the letters 'A' and 'O' in a stylized, blue, sans-serif font. The 'A' and 'O' are connected at the top, with the 'A' having a small gap at its top and the 'O' having a small gap at its bottom.

TRAUMA

North America

A photograph of three surgeons in an operating room. They are wearing blue scrubs, blue surgical masks, and blue bouffant caps. The surgeons are focused on their work, with their hands visible in the foreground. The background is slightly blurred, showing the overhead surgical lights. The overall color palette is dominated by blue and white.

Community Voice

The newsletter for the AO Trauma North America community

Winter 2020-21

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Don't Miss...

Photo competition winners have been announced. See **page 21** for more details.



From the Editor



Welcome to the winter 2020-21 edition of the AO Trauma North America newsletter. I hope you will find the articles and information contained in this latest edition to be of interest to you.

So much has changed due to COVID 19 in the world of healthcare. You will see what AO Trauma North America has done to adapt to all the changes and develop new ways of educating surgeons about the care of injured patients.

AO Trauma NA is also committed to maintaining the unique camaraderie of AO despite the restrictions on large gatherings as a result of COVID 19.

This newsletter is one example of a variety of communication tools that AO Trauma NA is using to reach out to AO members. Other venues include Facebook, Twitter, Instagram, LinkedIn, and YouTube. I hope you will access many of these outlets for news and information about AO Trauma.

Please enjoy reading the newsletter! We want feedback from you so please feel free to send any comments or suggestions about the newsletter or for future articles to Andrea McClimon at mcclimon.andrea@aona.org.

Sincerely,

A handwritten signature in white ink on a blue background. The signature is cursive and reads "Langdon A. Hartsock".

Langdon A. Hartsock, MD, FACS

Editor AO Trauma North America Community Voice Newsletter

Digital Transformation at AO NA—The launch is here!

By: Josh Block, AO NA, Project Manager



AO North America is entering the digital age! Our staff and surgeons have worked tirelessly throughout the year to prepare AO NA for this exciting moment.

This process began with a thorough examination of our online presence and engagement. Insights from in-depth one-on-one interviews with many members also contributed to the transformation; AO Trauma NA had a strong representation.

Features of this initiative include a complete website redesign (launched in October) as well as new communication and social media strategies. With these changes, we hope to better serve the needs of our surgeons and function more efficiently as a source for learning while maintaining the highest standards for our educational content.

As you may have noticed, our website (www.aona.org) has become a whole new digital environment! You now have easy access to all AO North America learning programs in a variety of ways, most importantly through the redesigned community pages—meaning all that AO Trauma

NA has to offer is now displayed in one spot. Scroll through the news carousel to stay up to date on events, activities, and opportunities relevant to your practice; explore upcoming learning opportunities as they are posted; find information about Trauma fellowships, preceptorships, and research opportunities; and “Get involved” with a variety of programs related to professional and community growth.

We are happy to say that the new redesigned website is only the beginning of our digital transformation. Our focus is on creating an online presence that will continue to grow and adapt to fit our surgeons’ changing needs. We are addressing this in part through the implementation of new communication and social media strategies that will form the basis for better marketing efforts. Most exciting among these efforts is the development of an intelligent tagging system to help personalize our messaging and reach surgeons more effectively.

Coinciding with the website redesign—as you will have already noticed—AO NA has launched a new logo, part of an international digital transformation happening across the AO. We are excited to join our sibling organizations in making big changes and we thank you so much for supporting us along the way.

Be a part of this digital transformation as you engage with us on social media, check out our new website, and watch for frequent AO NA and AO TNA updates on a variety of platforms!



Message from the President of AO North America

By: Amy S Kapatkin



Dear All at AO Trauma NA,

I first want to take a moment to acknowledge and thank everyone for your amazing dedication, especially during COVID. The AO Trauma faculty and AO NA staff team quickly adjusted to make sure the learners and community had access to high quality course materials in a new, innovative format. All of you made this successful beyond expectations. AO NA continues to plan and strategize to ensure the organization can be successful in our changing learning environment. We recognize the need to align our resources, innovate our infrastructure, be better at outreach, communication and awareness, and continue to use digital educational tools for the future.

In order to accomplish these goals, it is important for us as an organization to work on our governance, communications, finances and long-term planning to ensure we remain solvent and relevant. I hope you join me in helping to promote programs to ensure we are a diverse group of AO faculty, leaders and mentors. Recently, the AO Foundation officially endorsed this initiative for all clinical divisions as **Project Access**—[click here](#) for more information. Please have a look at everything they are doing.

AO NA is presently working on their governance documents and structure. To ensure stake holder satisfaction, the Executive Council, along with the clinical division boards, have been reviewing, working and aligning when possible with each other, while ensuring that AO NA maintains “best practices” as a not-for-profit organization.

Communication is paramount and [AO NA's new website](#) was rolled out in October 2020. The website is structured to help our learning and engagement communities. There are many ways to engage in AO NA in addition to faculty teaching, and I am hopeful that as faculty and members you all feel empowered to apply for committees and tasks that are needed. Our governance structure will be available to all once revised and feedback and comments are always welcome.

As you all know, AO Trauma NA is in the process of electing their new Board Chair via an open election process. Dr. Roger Wilber has led brilliantly and should be credited as the force behind CTAP as well as many other initiatives. A huge shout out to Roger for his continued, progressive leadership as Chair. There are too many people to thank individually but I can assure you that your dedication to making AO Trauma special is noticed and appreciated.

Sincerely,

Amy S Kapatkin DVM, MAS, DACVS
AO North America President

AO Trauma NA Board Update

Milton “Chip” Routt, Jr., MD elected as the next AO Trauma NA Chair

Dr. Routt will serve as chair-elect immediately and will succeed me as chair on July 1, 2021.

Dr. Routt is a Professor and Andrew R. Burgess Endowed Chair in the Department of Orthopaedics Surgery at the University of Texas Health Science Center McGovern Medical School and Memorial Herman Texas Medical Center in Houston, Texas.

He became an AO Faculty member in 1990 and has been a passionate teacher both in North America and globally.

He has served as a member of the AO Trauma NA Education Committee and most recently as the Trauma representative on the AO North America Board of Directors.

According to Dr. Routt, “The AO means so very much to so very many. But we can begin by recognizing our shared devotion to and passion for the organization.

Over the course of 30+ years working for the AO, I have observed the excellent examples of others in that role and my pledge would be to build on, carry forward and advance us further.

I will work hard to help us further expand ‘our net’ while representing and growing our membership. I will always respect our important history while advancing us both forward and outward fairly as an organization. Remembering, listening, hearing, anticipating, including, doing, working and always enjoying are what we will do”.

On behalf of the AO Trauma NA Board, please join me in congratulating Dr. Chip Routt on his election and wishing him well in his position as chair-elect of the AO Trauma NA Board.

Sincerely,

Roger Wilber, MD
Chairperson, AO Trauma North America Board



COMMITTEE REPORT

Education



Brett Crist, MD

**Chair AO Trauma NA
Education Committee**

Despite the global pandemic, the AO Trauma NA Education Committee has been able to continue the educational mission through virtual courses with planned live event components in 2021. The Osteotomy Course wrapped up earlier this summer with 75 to 200 participants for two events per week for ten weeks. This was followed by the nine-week Pelvis and Acetabular Course that concluded in August with over 400 participants each week.

Both offerings are available on the [AO Trauma North America YouTube channel](#). As of writing this letter, the AO Trauma North America YouTube channel has had over 39,000 views. The play list includes surgical videos, courses, journal clubs, etc. Please take a look and subscribe to the channel.

We have also worked hard at continuing to offer Basic Principles and Advanced Courses. As of writing this, we are finishing up Module 3 of the Blended Basic Essentials course that is taking place over eight weeks. There are 200 participants and 77 AO Trauma NA faculty involved.

Usually a Basic Course has 120 participants and 29 faculty. The lectures are pre-recorded and able to be viewed by the participants asynchronously. The participants are able to ask questions of faculty and do discussion groups synchronously during the week live on Thursdays to continue to have live interaction. The live practical skills portion is planned to start taking place in April 2021. As you can see the new blended format allows for more participants, as well as more faculty, to have the opportunity to be involved with teaching.

The Blended Advanced Essentials course started October 20 and runs for five weeks. There are 100 participant slots available. There will be over 50 faculty involved with this course as well. Usually there is a maximum of 96 participants and around 20 faculty based on the number of participants. The plan is to also have a Blended Advanced and Basic Essentials course after January 1 as well.

2021 will be a busy year for educational offerings. Live events are planned to start in April. We are not only trying to catch up on the live event portions for the Lower Extremity Osteotomy and Nonunion, Pelvic and Acetabular, and Blended Basic and Advanced Essentials courses, but also trying to meet the normal needs for our 19 courses that occur each year.

Furthermore, don't forget that the AO World Meeting is happening in Miami, Florida in August. Our region has the honor of hosting the event that will hopefully bring our regional and international AO Family together to learn through the five masters level courses that will be offered.

The pandemic hasn't slowed us down, it's made us move toward the future of education at a more rapid pace. We will still deliver the world-class orthopedic trauma educational offerings that we always have but are able to reach more participants and involve more faculty.

You can find our full educational program on the next page.



Stephen K. Benirschke, MD gives the Border Memorial Lecture at OTA



AO Faculty Member, Steve Benirschke gave the Border Lecture at the OTA Annual Meeting on Saturday, October 24. Steve's informative lecture focused on the mentors who had an impact on his career. Please click the button below to hear the lecture. Congratulations Steve on an excellent presentation!

[Play Presentation](#)

2021 Education

As COVID continues...

AO NA plans for blended Learning Solutions for 2021

AO North America remains committed to our mission of supporting our surgeon community. The health and well-being of our AO NA course attendees, faculty, and staff is our highest priority.

Considering the recent escalation of COVID-19 cases in North America, CDC guidelines, continuing travel restrictions, and potential delays in vaccine availability, in early December the AO NA Executive Council developed a plan for educational events for 2021. The Executive Council agreed to cancel large capacity live face-to-face courses until fall of 2021, respecting the possibility of transmission of the disease within or by our AO NA community.

- 2021 will be a mix of synchronous and asynchronous online events, and small regional practical skills labs.
- AO NA will conduct small capacity (less than 20 participants) events on a regional basis to provide our learners with opportunities to participate in hands-on skills labs. More details will be shared as they become available.
- We will focus on creating a model for effective transition from our pandemic-necessitated online methods to including hands-on practical skills opportunities as a part of the AO NA experience.
- We are planning to resume large capacity face-to-face events starting in fall 2021.

Despite the cancellation of the live events, our online course offerings have been overwhelmingly successful. Thousands of surgeons globally have participated in dozens of newly designed online learning sessions from all our Clinical Divisions, and we are grateful to our AO NA surgeon faculty for their dedication and support of this monumental task.

Online Learning

Date	Topic
February 3	AO Trauma North America Fellows Webinar—Proximal Femur: Errors, Pitfalls, and Failures
February 4–March 25	AO Trauma North America Blended Course—Basic Principles of Fracture Management Essentials
February 24	AO Trauma North America Webinar—Compartment Syndrome in 2021: Diagnosis and Decompression
March TBA	AO Trauma North America Blended Course—Advanced Principles of Fracture Management Essentials
March 3	AO Trauma North America Fellows Webinar—LE Deformity: How to Plan and Execute Proximal Femoral Osteotomy
March 24	AO Trauma North America Webinar—Distal Femur: Nail, Plate, or Both?
April 21	AO Trauma North America Fellows Webinar—Distal Femur Fractures
May 19	AO Trauma North America Webinar—Nonunion? Let's Solve It!
June 9	AO Trauma North America Webinar—Young Femoral Neck Fractures: Plaster, Plate, or Nail?
September 1	AO Trauma North America Webinar—Pediatric Femoral Neck Fractures: Reduction and Fixation Tips and Tricks
September 15	AO Trauma North America Fellows Webinar—Scapula Glenoid
September 29	AO Trauma North America Webinar—Just Another Ankle Fracture? Not So Fast...
October 13	AO Trauma North America Fellows Webinar—Acetabulum: Radiology of Acetabulum and Fracture Types
November 10	AO Trauma North America Fellows Webinar—Bone Defects/Nonunions: Osteomyelitis for Trauma Surgeons
November 17	AO Trauma North America Webinar—Pilon Fractures: Initial Management and Definitive Planning
December 15	AO Trauma North America Webinar—Stable Pelvic Ring Injuries: Which Ones Need Surgery & Which Do Not?

Hand Specialty Update

By: Chaitanya Mudgal, MD, MS (Ortho) MCh



The hand specialty continues to offer additional web-based learning sessions to their 2020-2021 curriculum. Building upon the successful implementation of the “Must Know Series—How I Do it” and the “Sage on Stage Series”, the AO North America Hand Education Committee (NAHEC) has several new on-line series in the works.

Starting with 10 sessions of Hand Surgery Essentials Series designed for learners of varying backgrounds and experience levels, including trainees and practicing surgeons looking for a knowledge refresher, these sessions highlight anatomy, biomechanics, kinematics and management of various conditions in Hand Surgery. Each 60-minute session incorporates essentials of condition-specific Hand Therapy as well. NAHEC used this series as an opportunity to bring in new faculty and new hand therapists and pair them with a mentor to facilitate and ensure quality education.

Another scheduled online offering is the Advanced Wrist Summit. This newly designed course transitioned from a face-to-face event to an on-line series and will focus solely on fractures, soft tissue injuries and complications seen in the wrist. Participants attending and completing the 9-session series will be offered priority registration at discounted

rates to attend the Advanced Upper Extremity course currently scheduled on August 12-14, 2021 in Miami, Florida.

Ideally, Consultation Corner, another anticipated online forum, will allow participants to discuss their own case(s), as well as cases highlighted by the faculty: this event will begin early in 2021. Faculty will allow time for reflection on the content presented and share valuable lessons learned in addition to tips and tricks for managing hand and wrist injuries.

In 2021 NAHEC also seeks to trial simultaneous regional lab events in Houston, Boston, and Louisville, with Louisville hosting the event online for all three locations. The hope is to bring the practical exercises for the Hand & Wrist Fracture Management Course to local residents while offering the knowledge via the online platform.

Finally, NAHEC is developing a new four to five session Hand Therapy Essentials series for hand therapists. Each session will focus on specific hand and wrist injuries that a hand therapist may encounter and want guidance on managing. Faculty consist of hand surgeons and hand therapists working together to develop the curriculum.

SURGEON ACCOLADES...

Our members talk about the benefits of the AO Trauma Community. This issue: **Dr. Marc Appel**

I was thinking about the whole AO Experience over the past 35 years.

FYI, I had finished my residency in 1985. Took my first AO course then and was so impressed with the techniques, support and people involved. I was accepted for a fellowship in Graz, Austria but had to decline at that time.

I had met a few of the founding members (Dr. Algower) and never forgot about Howard Rosen who had brought the first set of AO equipment back to the US in his luggage. I had several conversations with him over the years.

When I entered private practice, I purchased my own AO equipment: large fragment, small, x fix sets, etc. Hospitals at that time never would spend the money and all my colleagues would politely ask to borrow my sets.

I looked forward to the schedule of events yearly and would plan my family vacations combined with courses.

It was very special to know “fixing bones with screws and plates” took more than following an instruction manual. The principles I learned, and relationships made could never have been done without the Foundation.

Quite simply, AO helped me become the best Orthopedic surgeon I could have been.

Thanks, wish you the best...

Marc Appel



AO Trauma World Meeting
Miami 2021
August 19-22, 2021



SAVE THE DATE!

Join us in Miami

The AO Trauma World Meeting taking place in Miami, August 19-22 provides an outstanding selection of **masters courses** designed to meet your specific professional needs.

Your current level of knowledge, attitudes, and skills will be challenged throughout the week. The **best-in-class curriculum and faculty** will provide you with a memorable learning experience that will remain with you for a lifetime.

Six reasons why you should attend:

- Excellent faculty
- Great networking opportunities
- Outstanding learning experience
- Best in class curriculum
- Extended wet labs
- Knowledge sharing

Educational offerings:

All courses include one day of anatomical specimen lab

- AO Trauma Masters Course—**Shoulder Trauma**
 - Chair: George Dyer, USA / Co-Chair: Ashraf Moharram, Egypt
- AO Trauma Masters Course—**Fractures around the Elbow**
 - Chair: Pedro Labronici, Brazil / Co-Chair: Abdel-Hakim Massoud, Egypt
- AO Trauma Masters Course—**Hip Fractures**
 - Chair: Rodrigo Pesantez-Hoyos, Colombia / Co-chair: Wael Taha, Saudi Arabia
- AO Trauma Masters Course—**Knee Injuries and Deformities**
 - Chair: Matt Graves, USA / Co-Chair: Ashraf Abdelkafy, UAE
- AO Trauma Masters Course—**Foot and Ankle**
 - Chair: Lori Reed, USA / Co-Chair: Husam Darwish, Saudi Arabia

IN MEMORY

Remembering Arthur Manoli, II, MD

Andrew Sands, Michael Swords,
and Bruce Sangeorzan

The AO Trauma community is mourning the death of Arthur Manoli, II. There will be many obituaries written about the life of Art Manoli reciting his many academic accomplishments. This is not that.

Before delving into what this is, we want to share with his family, Arthur and Christina, how very proud he was of you. Whenever we were together, or emailing or texting, he inevitably shared something each of you had accomplished or a trait in you he thought was terrific. He was the prototypical proud Papa. You should be comforted by the thought that he loved you so much and he was loved by so very many of us.



Art demonstrating the Coleman block cavus test

Art was a great friend. There is no more important trait that describes a man than that.

He had a wide circle of orthopedic surgeons and “civilians” who talked with him, shared stories about him, and always looked to do something with him or who checked up on him when he needed us to be his friend. The care he engendered tells us about the type of person he was.

Friend to all, loved by many.

Art had several loves. Without question though, his main love was teaching. And not just young surgeons as a fellowship director. He was a very cool dude who had many stories but always in there was a teaching moment. A thought, a bit of philosophy, a technique, a way of doing things. And so, it followed that he came to love AO and especially Davos.

Most of us remember him in Davos. He will forever be sitting at the bar in the Steigenberger, or walking the promenade trying to not go head over heels on the icy surface heading out for dinner, no doubt snails or fondue. We came up with many ideas sitting together at the dinner table. New technical ideas and teaching ideas. We thought of ourselves as the AO knights of the round table.

Art shared some terrific ideas which are worth repeating. He recommended that we carry a pad and pen and always be ready to write as you never know when an idea will appear. A Culpo di fulmine—a thunderbolt. Now of course everyone has a phone, which is a small computer, and can perform the same function. Whenever the thought hits you, stop what you are doing and take a minute to write it down. Email it to yourself or use note pad.

Then when writing, just let the ideas flow and the words come out on paper. Don't look at the screen. Instead just type it all out. Go back later and make corrections and edit. Don't constrain the process at the beginning. This was the Manoli writing technique.

Among the many topics Art taught us were foot compartment syndrome and cavus foot biomechanics. When others would say to him, “I don't see cavus in my practice”, he would say, “you may not see it, but it sure sees you.”



Art was our brother in the Hansen philosophy of foot and ankle surgery, built on AO principles. When we initiated the Hansen lectureship to be given in Davos during the foot and ankle course, he was of course the first recipient. This honor, given for lifetime contribution to AO foot and ankle, was well-deserved. He really enjoyed the week and the company of the AO family. His lecture was attended by many AO presidents. He told us that the certificate he received was displayed prominently on his wall.



Art was a terrific table instructor

When you are in Davos and it is a wonderfully sunny day, look to the mountain tops and say a word of greeting to Art. Tell your residents about Art Manoli so his name is remembered.

We will miss him terribly.



Art receiving the Sigvard T. Hansen, Jr. Award



Berton Roy Moed

1950–2020

The AO community is saddened to learn of the passing of Berton Roy Moed, MD. Roy was professor emeritus and former longtime chair of the Department of Orthopaedic Surgery to the Saint Louis University School of Medicine.

He was well regarded for numerous professional skill sets including orthopaedic education, design of institutional orthopaedic trauma services, clinical career work focused on the subspecialty of pelvic and acetabular management and its research. Roy was always interested in outside orthopaedic surgeons' work and made himself available to others regarding clinical advice and research assistance. To many, he was more than a colleague—he's remembered as a friend whose contributions to Orthopaedics live on.

He was born in Brooklyn, New York on September 9, 1950. He was known for early mechanical interests with tools for car and motorcycle maintenance and simple woodworking design. Roy graduated from the University of Michigan in 1972 and completed his M.D. education at Saint Louis University School of Medicine. After completing a General Surgery intern year at Saint Louis University, he spent two years as a Lieutenant medical officer in the Navy, based in Pensacola, Florida. Following that, Roy and his wife, Jill, returned north where he completed an Orthopaedic Residency at Wayne State University in Detroit.

It's unclear precisely what precipitated Moed's interests in Orthopaedic Trauma, but he followed orthopaedic residency with a Fellowship in Orthopaedic Traumatology and Adult Reconstructive Surgery at Sunnybrook Medical Centre in Toronto under the direction of Marvin Tile, MD. His exposure to Tile's work clearly instilled a career passion in his work in the subspecialty of pelvic and acetabular reconstruction. After completing the fellowship in Toronto, Moed accepted an AO Trauma Fellowship at the Harborview Medical Center in Seattle where he worked under the direction of Ted Hansen, MD, and Bob Winquist, MD. However, it was also at that time Roy had the opportunity to meet Keith Mayo, MD, and Marc Swiontkowski, MD, both stand-out members of the University of Washington orthopaedic residency, who would years later become peers of Moed, internationally regarded for their work in orthopaedic trauma and associated lifelong AO Alumni and members of AO North America.

After Seattle, Moed returned to Detroit and his family at which time, in 1989, he became faculty at the Level 1 Henry Ford Hospital Main Campus in Detroit. He established a dedicated Trauma Room recruiting three fellowship-trained members to the trauma service, each individual covering subspecialty orthopaedic trauma work. In 1998 the group changed institutions, moving to Wayne State University. It was at this time that Jeff Mast and Keith Mayo also joined the WSU faculty. The overlap in pelvic and acetabular experts and their practices was tolerated. Jeff Mast's new concepts—presented in a 1989 book he co-authored with Roland Jakob and Reinhold Ganz, "Planning and Reduction Techniques in Fracture Surgery"—sparked much attention and garnered respect throughout orthopaedic trauma management and from Moed. Roy subsequently took another AO sabbatical working with Emile Letournel outside Paris in 1992 and later, in 1997, with Reinhold Ganz, throughout which he always returned to a busy acute pelvic and acetabular service.

In 2003, Moed took the Orthopaedic Chair position at the Level 1 Trauma Center at Saint Louis University. Four members of the Wayne State orthopaedic trauma service followed him, along with OR nursing and clinic staff. Moed was regarded as a nationally recognized leader in orthopaedic surgery. He shortly became the director of two of the three Level 1 institutions in Saint Louis. He was known for his leadership, organization of education, concern for diversity in orthopaedic surgery, and his tireless work.

Despite being a chairman, Roy retained his interest in directly working with and supporting those medical students and residents who had a desire to pursue a career in orthopaedics. He also was a voice for those under-represented in the field of orthopaedic surgery. In 2015, Roy was nominated by his own faculty and residents for the AAOS Diversity Award for his contribution to diversifying orthopaedic surgery. Roy has been touted by many as being one of the first advocates for women in the field of orthopaedic surgery. My associate, Cathy Kramer, was essentially the first fellowship-trained female orthopaedic traumatologist and an AO and OTA active alumnus.

In 2013, Moed was honored with the Hansjörg Wyss Endowed Chair in Orthopaedic surgery at Saint Louis University. Roy retired as Chair of the department in 2017. In retirement, he continued his work as the AO Trauma Research Commission Chair (2017-2019).

Roy Moed will be missed by thousands whose education and careers he helped to facilitate, and never forgotten by those of us who were close to him. We want to extend our deepest condolences to Jill, Lisa, Becky and all family members.

Text is based on shared memories:

Dave Karges, DO

Tracy Watson, MD

Djoldas Kuldjanov, MD

Kimberly Jacobsen, MD

IN MEMORY



Learning to be an Expert

Welcome back to the Learning Corner!

In the summer issue of the Voice, I left you with a question: How do you learn to become an expert? I introduced the concept of “deep smarts” which is just not the facts and data that one can access and interpret, it’s the “know how”, skilled ways of thinking and associated behaviors that consistently lead to success. They are typically experience-based and take time to develop. They are nearly indispensable for any organization. People with such deep smarts cannot be just hired off the streets and/or right after university. They have, over time, proven their ability to quickly and efficiently adapt, problem solve and acquire expertise¹. What does this mean for those of us involved in surgical education and training? How can we develop such deep smarts with expertise?

Sir Francis Galton was the first to study the common set of causes that was thought to contribute to excellence in diverse fields and domains². Galton concluded that eminence, which is exceptional performance, must be hereditary and transmitted genetically from parents to their offspring. He found that eminent individuals in the British Isles were related closely to other eminent people. Galton proposed that eminence was a combination of three qualities—intellect, disposition and innate ability to work laboriously with zeal. He also argued that as long as one is a novice, one believes that there is hardly an assignable limit to the education of one’s muscles, but the daily gain is soon discovered to diminish, and at last it vanishes altogether. Their maximum performance becomes a rigidly determinate quantity³.

Thorndike (1921) observed that adults perform even their most frequent tasks at levels far from their maximum capacities, for example adding numbers and doing math, writing legibly⁴. As Galton described, daily gains of eminence seem to diminish and eventually disappear. Thorndike attributed this to three factors: we have too many things to improve upon, do not know how to direct our practice, or have no interest in improving; or a combination of all the three. However, merely engaging in long hours of practice without a structure and purpose have shown to produce mixed results and has been a source of controversy. Ericsson (1993), based on his decade of research on acquisition of expertise, presents a framework for

deliberate practice. It is a highly structured activity with a focused goal to improve performance. Specific tasks are invented to overcome weaknesses, and performance is carefully monitored to provide cues for further improvement.

Deliberate practice requires effort and individuals continue to engage in such practice because practice improves performance⁵. Benjamin Bloom, an educational psychologist who promoted mastery learning and higher-level thinking, characterizes the period of preparation for expert performance into three phases⁶. Phase 1 begins with the introduction to the activities and ends with the start of deliberate practice. The second phase includes an extended period of preparation and ends with the individual’s commitment to pursue activities in the domain on a full-time basis.

Phase 3 consists of a full-time commitment to improving performance and ends when the individual either can make a living as a professional performer in the domain or terminates full-time engagement in the activity. During these phases the individual requires support from the environment, the educational institution, and family. A fourth phase could be added to his model as eminent performance when the individual makes unique contributions to their domain.



LEARNING CORNER

Continued

Chitra Subramaniam, PhD—AO NA's Chief Learning Officer



continued...

Dorothy Leonard at the Harvard Business School, coauthor of *Deep Smarts: How to Cultivate and Transfer Enduring Business Wisdom* (Leonard, Dorothy, and Swap, Walter; Harvard Business School Publishing Corporation, 2005), provides a process “OPPTY™” that novices and advanced beginners can use to learn from the “unconsciously competent” experts¹. OPPTY™ stands for Observation, Practice, Partnering and joint problem solving and Taking Responsibility.

Observation involves shadowing an expert and systematically analyzing what he/she does. Practice requires specific behaviors or tasks that can be attempted by the novice on their own along with feedback and supervision from the expert. Partnering and joint problem solving involves working with experts to actively analyze and address challenges in learner behavior and performance. Eventually the novice takes responsibility and performs the task on their own.

Along the way in every stage of the process, there are opportunities for reflection and feedback to internalize as much as possible. Learner motivation and discipline are key to the success of the process. Codifying new knowledge acquired that can be later reviewed and referred to is important as well.

A learning log that can serve as a representation of the experience, the context, the “why” and “how” related to the expert behavior can help guide the novice or advanced beginner as they practice and evaluate their own performance. This process can be applied across distances and compressed in time according to Dr. Leonard. Transfer of expertise does not also have to be one to one.

One can gain deep smarts from several experts and one expert can mentor several individuals. Thus, expertise can be built through experiences guided by smart people around each of us.

What does this all mean and how does it apply to all of us. All of what I have described might seem to be common knowledge and practices we have already adopted. I however think there is still much to be done related to deliberate practice as defined by Ericsson and the stages of OPPTY™ that Dr. Leonard describes.

The role of CPD providers like AO NA in the continuum of learning is to ensure that we facilitate acquisition of expertise and maintenance of competencies required. We also need to provide the network and the resources that can provide the experience guided by experts to gain the deep smarts needed to contribute to the domain and discipline.

Then, the core requirement of continuous deliberate practice, we need to focus on feedback insights into problem solving and establishing partnerships that support development of expertise. This we know, because current training programs feel rushed and there is not enough time and exposure to cases or opportunities for

practice, or thoughtful, meaningful conversations as we address the requirements of the curricula.

Maybe COVID in its own unique way has made us think hard about the design of our learning experiences. Leveraging the technological advances and what our experiences in the past eight months have taught us, we should think about how we can provide the individual learners increased practice time, offer necessary feedback and coaching and provide opportunities for partnering and joint problem solving with the experts.

Our face-to-face events are core to surgical training and engaging both learners and experts in ways that can offer guided experiences that lead to acquisition of expertise.

Can we allow for continuous engagement, observation, more opportunities for deliberate practice, interactions with experts, real-time feedback, access to tools and resources for decision making, and promote social intelligence and peer interactions that are a “value add” to any experience?

Can we promote deep learning and deep smarts in individuals that come to us with the expectation of learning how to become the experts they interact with and from whom they want to learn?

Until our next article!

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Innovations Essential for the success of any organization

One AO 2021

Join us on February 13, 2021 to discuss and share perspectives on **Innovation**. With an incredible speaker line up, we are excited to announce the AO NA annual leadership meeting. The event will feature innovations in Science, Medicine, Patient Care and Learning. Moderated discussions and panels will support the invited speakers virtually. Enter a virtual conference environment to experience the event and all its elements.

We look forward to your participation!

Reimagine, Rethink, Innovate
Saturday, February 13, 2021
10:30am–3:00pm EST

AO North America | 435 Devon Park Drive | Building 800, Suite 820 | Wayne, PA 19087
Phone: 610-993-5100 | Fax: 610-695-2420 | Email: memberrelations@aona.org

www.aona.org

AO
TRAUMA
North America

Community Development



Rahul Vaidya, MD, FRCSC

It is my pleasure to serve as the AO Trauma NA Community Development Chair for the next three years. I would like to thank my predecessor Langdon Hartsock for his hard work and commitment to this Committee. We have asked him to stay on for a year to work with us during this transition and continue as editor of the Community Voice for this time, to which he has graciously agreed.

The last year has been an challenging time for us all, we have lost family members, friends, patients, and mentors. We in the health care field continue to show up as we have signed on to do. We have been unable to meet in person and we have developed skills with our phones and computers that we thought were the realm of our children or students. I could go on for paragraphs, but you all have lived it, so I congratulate you on your resilience, persistence, and commitment to our patients and your craft.

We have struggled to keep our membership connected as the live courses have been eliminated: there was no gala at the OTA, and our booth was virtual, the new norm. I hope you got a chance to order a new AO Trauma North America jacket to proudly display our new LOGO and celebrate the launch of the interactive AO North America website.

I would like to introduce our new Committee Members who are now four in number and describe to you what they will be working on. We have asked each of them to take up a task force to reach out to the community of orthopaedic surgeons who care for the injured, repair fractures, and reconstruct limbs.

Social Media Task Force

Emily Keener DO—Ft Lauderdale, FL



Leading the Social Media task force for AO Trauma North America which will keep us informed includes information, interviews, posts on Twitter, LinkedIn, Instagram, Facebook, YouTube, and whatever new social interface presents itself. If you are interested in helping or have a Trauma announcement, please let me know: maroonemk@icloud.com

Humanitarian Outreach Opportunities through Community Development Committee

Carla Smith MD PhD—Spokane, WA



Opportunities abound for those looking for a way to help others and reach out, even during a pandemic!

Are you interested in connecting with surgeons overseas to discuss cases, discussing management or helping with research design?

The chance to “meet” someone new and assist in all of the above through an Orthopedics Overseas virtual

project is coming together. A chance to broaden your horizons and advance education is a win-win!

Do you find that you have perfectly good implants that you no longer use or external fixator parts that you have removed from temporary fixation? Another chance to “recycle” and give back exists if you collect and donate them for sets to be donated to SIGN surgeons worldwide.

If you like organizing and helping to inventory and designate, we have a chance for you as well. Motivated individuals who would like to help coordinate the assembly and dissemination of such kits are needed.

Keep a look out here for more humanitarian projects that you can become involved in right now—even travel bound during the pandemic!

If interested, contact Andrea McClimon through the AO Community Development committee or me directly at: carlasmithxc@gmail.com

Regional Case-Based Dinner Discussions

Joel Williams MD—Chicago, IL



I'll be working on Regional two-hour virtual meetings to share/commiserate on challenging cases and foster relationships. The pilot project will be for Chicagoland orthopaedic surgeons. The event is designed to be highly interactive. The goal is to create a collegial environment that is the antithesis of “showing off”. Cases can be approaching and/or recent surgeries

that were challenging or thought provoking. If you are interested in being part of this, or helping to organize your own meeting in your region, please join me: joelcwilliams73@gmail.com

Military Case-Based Dinner Discussions

Tom Large MD—Asheville, NC



The AO Community Development Committee has undertaken a new initiative to connect military orthopaedic surgeons with their civilian AO colleagues at neighboring trauma centers. This project seeks to enhance knowledge exchange from military surgeons skilled in complex, often ballistic, trauma, and their civilian colleagues skilled in blunt trauma management. The end result will be improved patient care on both sides, increased knowledge of local resources, and enhanced networking and collegiality. Pilot projects are being initiated in San Antonio, the National Capital region, and Northern California. Expansion of the project to additional locations is the goal. If your center is interested in participating, please contact Tom Large for more information: tom_large@hotmail.com, 704-281-4010.

Trauma Journal Club

I have handed over the Trauma Journal Club to three capable AO NA members, Andrew Chen, Arun Aneja and Adam Lee. The first meeting with Andy Burgess, Chip Routt and Claude Sagi was a huge success.

Can you imagine these giants of Orthopaedic Surgery discussing their own papers, their ideas and why and how they did the research? What an opportunity to ask them questions. Plus, there is CME if you sign on to the webinar. and if you missed it you can catch it on the [AO Trauma North America YouTube channel](#).

Mentor Mentee

Finally, I want to give a shout out to your mentors. None of us could be where we are without being lifted by caring individuals who held us up and passed us their knowledge, support, and time.

I want to share a personal tragedy with you about this. August 19th I was sitting in a lecture at grand rounds at the Detroit Medical Center.

We had finally been able to get one of our former faculty, Arthur Manoli II, who was the first Chief of Orthopaedic Surgery at Detroit Receiving Hospital to give one of his famous lectures on the foot.

A longtime member of AO and Dr. Sigvard Hansen's first Fellow for Foot and Ankle Surgery, Dr Manoli gave a formidable summary of his vast experience on one of his favorite foot topics and cases he had treated.

I have known Art for almost 15 years being in Michigan and having his son Arthur the III as one of my Residents.

I asked him to do a Mentor Mentee (M and M) interview for our series knowing his history and body of work through the many lectures and meetings especially at Michigan Orthopaedic Society. He agreed. I should have done it right there.

Unfortunately, he passed no less than three weeks later. I urge you to take 30 minutes of your time and honor your mentors, many of them are retired or have cut down their practices. They want to talk to you.

The knowledge they have and the messages they give us can calm our frustrations, help us understand we are not the only ones who struggle with cases or patients, in situations that all these individuals had passed through and allow them to succeed. **So please do an interview with a mentor and I will personally help you set this up.** Some are world famous and others are famous only to you, it doesn't matter. There are no rules except maybe 20 minutes.

Finally, I would like to acknowledge Andrea McClimon and Kelly McCormick for Community Development as well as the rest of the AO staff who all make this possible.

I look forward to working with you.

Rahul Vaidya MD, Detroit, Michigan rahvaidya2012@gmail.com

New Community Development Offering: Case-Based Dinner Discussions



The AO Trauma NA Community Development Committee is excited to launch a new offering with the AO Trauma NA Case-Based Dinner Discussions!!

You bring the cases, we provide the dinner!

The first case-based dinner discussion was held November 5 in the Chicago area with Drs. Joseph Cohen, Brian Weatherford and Joel Williams as Moderators. This interactive event involved a two-hour Zoom discussion where participants reviewed and discussed cases related to Ankle Fractures and Tibia Shaft Fractures.

The second offering was to the military in the San Antonio area and chaired by Drs. Justin Fowler and Boris Zelle. This two-hour engaging discussion involved case presentations by Drs. Animesh Agarwal, Eric Verwiebe, and Ravi Karia on Femoral Neck Fractures.

Both offerings provided participants who accepted the Zoom invitation with dinner by sending a \$50 Grubhub Gift Certificate on the morning of the event.

Look for future offerings in your area where **"You bring the cases, we provide the dinner!"**

Welcome!

List of new AO Trauma members from June 1, 2020 through October 31, 2020.

Annalise Abbott
Mark Adams
Zeeshan Akhtar
Ferras Albitar
Thamer Alraiyes
Stuart Anderson
Marc Appel
Dustin Baker
Eric Baranek
Michael Belanger
Rohan Bhimani
Philip Blazar
David Bozentka
Michael Brennan
Daniel Carlson
John Catalano
Eric Chen
Jie Chen
Michael Chen
Tim Chuang
Bradley Dart
Jana Davis
Brian De Palma
Thomas DiPasquale
David DiStefano
Jeffrey Donahue

William Doss
Kenneth Edwards
Terrence Endres
Hilary Felice
Frederick Flandry
Nicole Fraticelli
Eric Freeh
David Fuller
Joseph Galloway
Erika Garbrecht
Albert George
Anirudh Gowd
Jonathan Grabau
Paul Gregory
Max Haffner
Douglas Hanel
Lex Hanna
Krystin Hidden
Christopher Hoehmann
Erin Hofer
Alice Hughes
Ishaq Ibrahim
Todd Jaeblo
Judas Kelley
Kyle Klahs
Daniel Krenk

Richard Lange
David Laverty
Jeffrey Lawton
Zachary Lim
Boshen Liu
Shady Mahmoud
Aden Malik
Eric Marsh
Jacob Matz
Dennis McGowan
Charles Mehlman
Keith Melancon
Daniel Miles
Kenneth Molinero
Matthew Morin
Kevin Mosier
Arvind Nana
David Newman
Kemjika Onuoha
Robert Ostrum
Lydia Parzych
Jonathan Payne
Mark Perry
Thomas Powell
Joseph Radley
Paul Rahill

Christopher Rashidifard
William Ricci
Kevin Riché
Jeffrey Richmond
Daniela Rocha
Renga Samy
Felix Savoie
Gregory Schmidt
Brian Schneiderman
Alexandria Sherwood
Craig Silverton
Kenneth Smith
Nicole Stevens
Kelly Stumpff
Robert Taffet
Zachary Telgheder
Akash Trivedi
Vedant Vaksha
Anna van der Horst
George Vincent
Matthew Weresh
James Widmaier, Jr.
Brandon Wilkinson
Daniel Zelazny
James Zurbach



Hey



Hello



Hi

Fellowships

AO Trauma NA Fellowship Update

James Krieg, MD



In the midst of all that is awry in 2020, AO Trauma NA continues to support trauma fellowship training according to its mission. In spite of the cancellation of travel for visiting fellowships, sponsored lectureships, and in-person courses, our support of Trauma Fellowship Development has been unwavering.

In addition to online fellow webinar events, we have continued to support fellowship training through the AO Trauma NA fellowship grants program. During the 2020 academic year we supported 59 trauma fellows across 31 teaching programs in North America. The programs each received a teaching grant to support fellow education, and each fellow was afforded opportunities to utilize online teaching events, attend in-person courses, apply for the competitive “Davos Experience” career development program, and receive research support. Even in the absence of travel and in-person events, the historical strengths of the AO educational offerings, we have remained steadfast in our support of trauma education on the fellow level.

As we all look forward to turning the page on 2020, we plan to return to in-person events even stronger, while remaining strongly committed to remote learning opportunities. We look forward not only to the educational courses for which we are so well known, but also the social and professional connections of the Davos Experience, our social events at the OTA Annual Meeting, and the Fellows Forum, a new offering planned for May 20-23, 2021. The Fellows Forum will be a first of its kind event, bringing together fellows and faculty from each of our sponsored sites. The agenda includes research presentations from fellows, case discussions among experts and attendees, and of course ample time for professional and social networking.

The quarantine of 2020 has forced AO Trauma NA to think critically about utilizing remote learning to help further our message of trauma education and development, but it also helped us rededicate ourselves to the in-person events which have always been the hallmark of a group dedicated to advancing the state of orthopedic trauma care around the world.

Here's to a New Year in 2021.



2020–2021 AO Sponsored Fellows

Alice Hughes, MD
 James Jung, MD
 Jana M. Davis, MD
 Givenchy W. Manzano, MD
 Suman Medda, MD
 Maxim Danilevich, MD
 Kemjika O. Onuoha, MD
 Kate Thomas, MD
 Ryan Bray, MD
 Eric Stephen Baranek, MD
 Amarpal Cheema, MD
 Jason Chen, MD
 Amy Ford, MD
 Atsushi Endo, MD, MPH
 Tyler Caton, MD

Eric Chen, MD
 Jeffrey J. Donahue, MD
 Kevin Henrichsen, MD
 Anna van der Horst, MD
 Adam Boissonneault, MD
 Elizabeth Harkin, MD
 Ishaq Ibrahim, MD
 Brian Schneiderman, MD
 Brandon Wilkinson, MD
 Emily Wild, MD
 Mikel Headford, DO
 Ryan Fairchild, MD
 Ishvinder Grewal, MD
 Zachary Telgheder, MD
 Gabriel Larose, MD

Lynn Murphy, MD
 Jonathan Andrew Copp, MD
 Joseph Michael Radley, MD
 Zachary Lim, MD
 Aden Malik, MD
 Albert George, MD
 Andrew Mills, MD
 Hilary Felice, MD
 Robert Miles Hulick, II, MD
 William Doss, MD
 Michael Jung, MD
 Evan Lexworth “Lex” Hanna, MD
 Gerard Chang, MD
 John Garlich, MD
 Michelle Gosselin, MD

Travis Hughes, MD
 Tim Chuang, MD
 Adam Ropchan, MD
 Nicholas Chang, MD
 Thamer Alraiyes, MD
 D’Ann Arthur, MD
 Malcolm DeBaun, MD
 Lawrence Goodnough, MD
 Krystin Hidden, MD
 Alvin Shieh, MD
 Nicole Stevens, MD
 Kelly Stumpff, MD
 Erin Hofer, MD
 Shady Mahmoud, MD

Best Practice for Running a Virtual Fracture Conference



By: Emily Keener, DO

Our residency program conducts a fracture conference on Friday mornings with all the attendings and residents involved in the program. We go over all the fracture x-rays from the week. It is always a very civil, thought-provoking, and educational experience for residents, attendings, and medical students.

When the COVID-19 pandemic began, the in-person fracture conferences were cancelled. We went several weeks without a fracture conference and then had many x-rays piling up that we had not gone over or reviewed as a group.

The residents were then tasked with creating a weekly fracture conference over WebEx. The second-year residents on the trauma service created a PowerPoint presentation from the cases from the weeks prior. They included a short summary slide on the patient and their mechanism of injury as well as any other injuries and their past medical history. This was followed by pre-operative x-rays and any other images including a CT scan if relevant.

The intra-operative x-rays were then shown, and the resident involved in the case explained the rationale for the treatment plan, the case itself, and the post-operative plan. Because of the PowerPoint format the resident was able to include any relevant pre-operative or intra-operative clinical pictures.

The post-operative x-rays were then shown to the group and the attending for the case would add any points that had not been covered by the resident. The floor would then be opened to the group and any attendings or residents with questions, concerns, or positive comments would have the opportunity to speak.

This was also the opportunity to go back and look at any of the pre-operative and intra-operative images if prompted by anyone in the group. With an average of ten attendings, fifteen residents, and multiple medical students on the video, this format worked well in that the discussions were informative, respectful, and not chaotic.

Even as the cases are starting to pick back up, the attendings and residents are still able to participate. The residency program director worked with the GME department to make it possible for the attendings to receive CME credits for our weekly meeting.

The remote video fracture conference for our group has been an excellent opportunity for learning and participation during the pandemic and may stay a weekly lasting tradition since the format has worked so well.

Having the format discussed at the beginning of the conference including who speaks and when has been the key for us to having a successful weekly learning opportunity.



COMMITTEE REPORT

Research

Gregory Della Rocca, MD, PhD, FACS



The AO Trauma North America Research Committee has stayed busy during the pandemic, continuing to consider applications for research funding.

We have pivoted to virtual meetings via electronic platforms (as many organizations have done in the recent past); this has allowed us to transact business while continuing to observe precautions necessary during the pandemic and while remaining at home with our patients, family, colleagues, and friends.

Kudos to Kelly McCormick (program manager) and the remainder of the AO North America staff, who have supported our efforts tirelessly.

During the summer, we received a total of 27 applications for funding intended to support resident research projects. A remarkable number of applications were of high quality, and the committee selected six for funding. In addition, we received a total of 29 applications for funding intended to support AO Trauma NA-supported trauma fellows.

Again, we were happy to see that the bulk of the applications were of highest-order quality. The committee selected ten of these applications for funding this year. The funded projects represented a substantial amount of preparatory work and insight on the part of the investigators and their mentors/co-investigators, as the projects are all expected to be completed within one year.

The combined AO Trauma NA/OTA research grant, which is awarded every other year to faculty-level applicants and represents up to \$100,000 of funding over two years, received many excellent preproposals.

The review committee consisted of four OTA-selected members along with me, Josh Gary, and Mara Schenker (the composition of the combined review committee changes with each cycle, such that AO Trauma NA and OTA alternate having four vs. three members for each cycle).

We invited six full grant applications based upon preproposal scoring, and ultimately selected the recipient of the award during a virtual meeting in September. After approval by the AO Trauma NA research

committee and the OTA board, Dr. Justin Haller (PI) and Dr. Donald Anderson (co-PI) were awarded the 2020-2021 combined grant funding for their project entitled “Correlating Early Markers of Joint Health PROMIS-29 Following Tibial Plafond Fracture”.

The Kathryn Cramer, MD, Career Development Award is an annual funding mechanism for up to \$15,000 for junior faculty, fellows, or residents to support trauma-related research projects. In 2020, the recipient was Dr. Christopher Langhammer, for his project entitled “Upper-Extremity Trauma Telerehabilitation Noninferiority Study: U-TRNS”. Considering the current pandemic, the proposed research is not only highly interesting but also quite timely.



By the time you read this newsletter, the AO Trauma NA Young Investigator Research Development award applications will have closed. Your research committee, at the time of this writing, is looking forward to reviewing the applications for this relatively new award mechanism (launched last year).

It is our pleasure to serve AO Trauma North America by supporting research efforts of our members. The current committee includes Josh Gary, Leah Gitajn, Mara Schenker, and Brian Mullis.

As you are likely aware, Josh is currently the committee chair-elect, and will succeed me on July 1, 2021. Without question, the committee will remain in capable hands and populated with motivated and dedicated members moving forward.

Research Award Winners

2020 Fellows Research Award Winners

Adam Boissonneault	R Adams Cowley Shock Trauma Center, University of Maryland
Nick Chang	Sunnybrook Health Sciences Centre, University of Toronto
Jonathan Copp	University of California, Davis
Jana Davis	Atrium Health Carolinas Medical Center
Hilary Felice	University of Missouri Medical Center / Missouri Orthopaedic Institute
Malik Aden	University of California, San Francisco
Michelle Gosselin	University of Texas Health Science Center at Houston
Robert Miles Hulick, II, MD	University of Missouri Medical Center / Missouri Orthopaedic Institute
Zachary Lim	University of California, San Francisco
Zachary Telgheder	Florida Orthopaedic Institute

2020 Summer Cycle Resident Research Award Winners

Michael Chen	Stanford University
Garwin Chin	University of California Medical Center–Irvine
Anirudh Gowd	Wake Forest University School of Medicine
Boshen Liu	University of Kentucky College of Medicine
Patrick Mixa	University of Maryland
Noelle Van Rysselberghe	Stanford University

Diversity: Employee DEI Update

By: Andrea Mower, Chief Human Resources
Officer AO North America



In June, the AO Foundation launched the Foundation Board-approved Access, which establishes the diversity, inclusion, and mentorship initiative firmly within the AO. Their Diversity statement, below, has been adopted by AO North America.

AO Foundation Diversity Statement:

The AO is an international network of surgeons specializing in the treatment of trauma and musculoskeletal disorders. The AO recognizes that a diverse and inclusive community of surgeons, operating room personnel, health care professionals, and researchers is of paramount importance in its mission of promoting excellence in patient care and outcomes. The AO will focus on recruiting staff, faculty, and leaders that represent the cornerstone of this diverse, global, network. The AO is committed to cultivating diverse leaders who are passionate about advancing its mission and enhancing its position as a world leader in education, research, innovation, and clinical practice.

AO NA is committed to fostering, cultivating, and preserving a culture of diversity, equity, and inclusion. At the employee level our first steps included the formation of a Diversity, Equity and Inclusion Committee and an employee policy.

There are the typical policies that one can find in any employee handbook. The Diversity policy goes above and beyond those stagnant policies. Highlights of the Diversity policy below:

This philosophy is built on the premise of gender and diversity equity that encourages and enforces:

- Respectful communication and cooperation between all employees
- Teamwork and employee participation, permitting the representation of all groups and employee perspectives
- Work/life balance through flexible work schedules to accommodate employees' varying needs
- Employer and employee contributions to the communities we serve to promote a greater understanding and respect for the diversity

The Diversity, Equity and Inclusion Committee had its kick-off meeting in September. An overwhelming number of employees volunteered. We needed to limit the number of participants to roughly one third of the staff and we needed to have an uneven amount for tie breakers for matters which will require a vote. For the first year the chair will be Andrea Mower and the co-chair will be James Morgante, Manager of Measurement and Evaluation. We will establish the bylaws and we envision a rotating committee and elections for the chair and co-chair moving forward. We also welcome input from non-committee members.

The kick-off meeting will be somewhat informal as we want to introduce a safe environment. Every opinion and idea need to be heard. We are going to talk about very sensitive topics. The pre-meeting assignment for the team is to bring with them a perception people have about them, and to also share something about themselves that no one knows. The information we share about ourselves will help us bond. Then we will get into the typical forming, storming, and norming that needs to take place on a committee before the performing can really begin.

Encouraging and supporting a culture of diversity (a mix of minds, backgrounds, and experiences) will make AO NA an even better organization! Our committee welcomes feedback and ideas. Please reach out to me at mower.andrea@aona.org at any time.



Members Speak Out! Photo Contest Results are in!

Thank you for your participation in the photo contest! We were truly amazed to receive so many entries and each photo was unique with some spectacular stories. We greatly appreciate the community of trauma surgeons who come together to share special times in their lives.

Needless to say, the judging on all these photos was very difficult, but we did come up with a selection of winners for 1st, 2nd and 3rd place.

Congratulations!

The Community Development team decided that as all the photos are so outstanding, we must share them with you—please enjoy all the wonderful photos below or [click here](#). This link will also be shared on our website.

During this time of COVID, reviewing the photos and your personal experiences definitely lightened the day. Congratulations and Thank You!

On behalf of the Community Development Committee, we wish you the very best this Holiday Season. Cheers to year 2021!!!



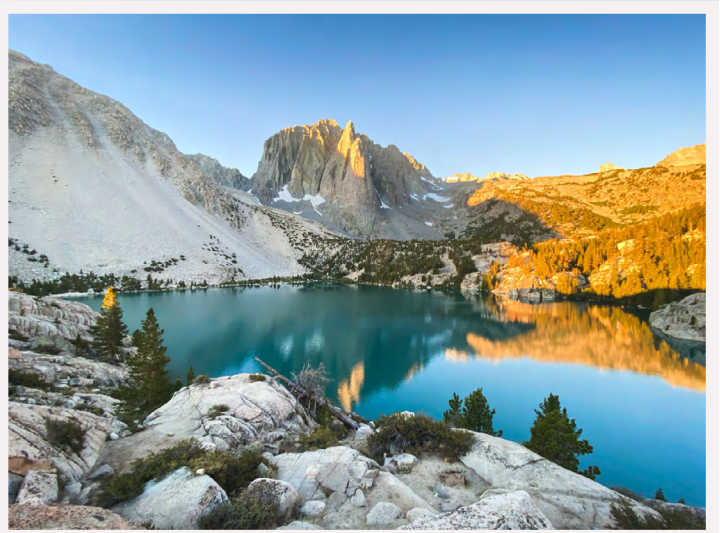
Joshua Tree National Park | [Sean E. Nork](#)

SEE NEXT PAGE FOR MORE WINNERS >

Second Place Entries



Lake Louise, Banff National Park | **Tim Chuang**

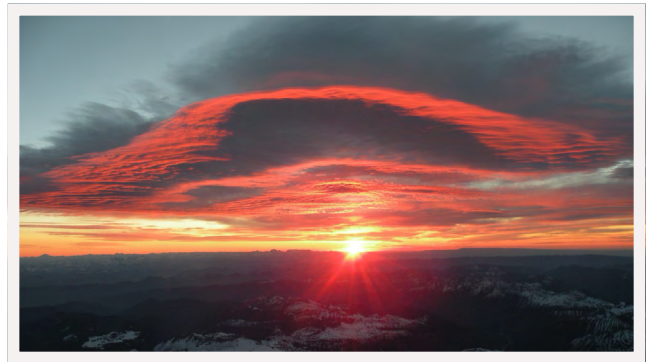


Big Pine Lake, Inyo National Forest Wilderness | **Johnny Wang**

Third Place Entries



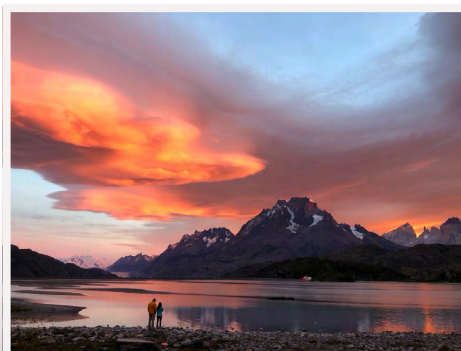
New York City | **Eric Johnson**



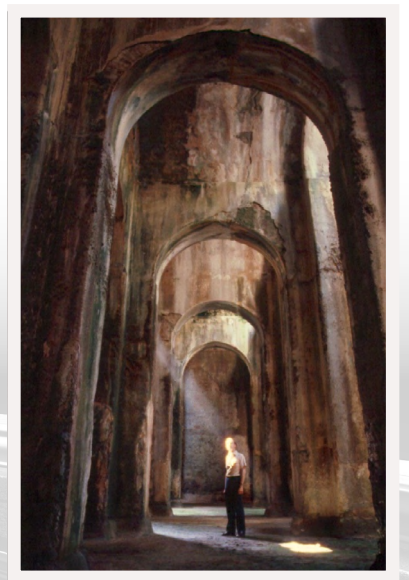
Sunrise at Mt Rainier | **Timothy Weber**



Chaos in the Mangroves | **Brian J. Cross**



Patagonia | **Taylor Yong**



Piscina Mirabilis, Baicoli
Steven R. Schelkun



Roof—Stefansdom, Vienna | **Chaitanya Mudgal**



Your **voice**
is **important**

We want to
hear from you!

What would you like to see in this newsletter? Would you like to write an article? Send an email request to: mcclimon.andrea@aona.org

In the Summer 2021 Issue...

- AO Trauma International Board Chair
- Faculty Resource Update
- Education Advisory Board Update

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