

## COMMUNITY V O I C E

Read the latest news from the world of AO Trauma North America

WINTER 2019-20 ISSUE 02

## PLANNING FOR THE LEARNING PARADIGM

Roger Wilber, MD



COMMUNITY & FELLOWSHIPS

DAVOS FELLOWS EXPERIENCE

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## Letter from the Editor

# Dear colleagues, We are pleased to share with you the second issue of the AO Trauma North America Community Voice Newsletter.



Inside you will find our latest news including three new and exciting educational activities that AO Trauma NA has planned in 2020:

#### Advanced Principles on the Management of Knee Disorders.

This course focuses on knee trauma, reconstruction and arthroplasty with cadaveric practical exercises.

#### Osteotomy (Lower Extremity Deformity and Nonunion).

The curriculum includes cadaveric practical exercises that will include performing osteotomies and fixation.

#### Comprehensive Periprosthetic Management of Hip and Knee.

Jointly developed with AO Recon, this offering addresses the challenges of hip and knee arthroplasty patients with periprosthetic fractures.

The Research Committee launches a new research award with a focus on our early researchers, **The Young Investigator Research Development Award**.

The feature article is on the new **Certificate Training and Assessment Program (CTAP)**, which shifts the focus from knowledge and competence based evaluation to performance assessment. This program will allow the AO to maintain its role as a leader in surgical education globally.

Please take a moment to read about our interview with Jack Wilber, our AO Trauma representative on the AO Foundation Board.

Last, but not least, we wanted to hear from you and we did! Please enjoy the thought provoking and, at times, entertaining answers your colleagues gave to the question, "What was the best advice you ever received"?

We hope you enjoy this edition of the AO Trauma North America Community Voice Newsletter! With best wishes for the Holiday Season!

Langdon A. Hartsock, MD

Chair AO Trauma North America Community Development Committee

the Assoch

## Message from the AO North America President, James Stannard, MD



I am pleased to inform you that Dr. Amy S. Kapatkin, DVM, MAS, Dip ACVS was elected to the position of AONA Incoming President. Dr. Kapatkin is Professor of Small Animal Orthopedic Surgery at University of California, Davis School of Veterinary Medicine and has served with distinction in several roles in AONA and AOVet NA. Dr. Kapatkin will succeed me upon the completion of my term as AO North America President on June 30, 2020. Because AONA bylaws require that the Incoming President be a member of a different clinical division than the current president, no AOTNA members were eligible for this election.

Amy is a Diplomate of the American College of Veterinary Surgeons and specializes in small animal orthopedic surgery. She has an excellent reputation in the Veterinary community and has served in various AOVET positions with distinction. Amy's election is an excellent reflection of the value AONA places on leadership, across all Clinical Divisions. As the first woman AONA President, Amy illustrates AONA's ownership of the importance of diversity.

I thank the hundreds of AOTNA members who participated in the election by casting their votes. Please join me as we congratulate Dr. Kapatkin on her election and wish her well in her position as AONA Incoming President.

## **Governance Structure**

AO Trauma North America Board



Roger Wilber, MD Chair

Gregory Della Rocca, MD, PhD, FACS Chair Research Committee

Chair Community Development

Michael Sirkin, MD

Chair Education Committee

James Krieg, MD Chair Fellowship Committee

#### AO Trauma North America **Education Committee**

#### Michael Sirkin, MD—Chair

Jaimo Ahn, MD, PhD Matt Camuso, MD Chad Coles, MD, FRCSC Brett Crist, MD Paul Gladden, MD Hobie Summers, MD

#### AO Trauma North America

#### **Community Development** Committee

#### Langdon Hartsock, MD, FACS—Chair

Derek Donegan, MD, MBA Emily Keener, DO Rahul Vaidya, MD, FRCSC

#### AO Trauma North America

#### **Research Committee**

Gregory Della Rocca, MD, PhD, FACS—Chair Joshua Garv. MD Brian Mullis, MD Mara Schenker, MD John Scolaro, MD, MA

#### AO Trauma North America **Fellowship Committee**

#### James Krieg, MD—Chair

Timothy S. Achor, MD Christina Boulton, MD Conor Kleweno, MD Milton Little, MD Christopher McAndrew, MD, MSC Diane Nam, MSc, MD, FRCSC

#### AO Trauma North America **Hand Education Committee**

#### Chaitanya Mudgal, MD, MS (ortho), MCh—Chair

Jay Bridgeman, MD, DDS Charles Cassidy, MD Thomas R. Hunt III, MD, DSc Jeffrey Lawton, MD Kevin J. Malone, MD Peter Rhee, DO, MS (ortho)

#### Welcome new appointees

The following surgeons were recently appointed to the committee starting in July 2019 for a three-year term. **Congratulations to:** 

#### **Research Committee**

#### **Brian Mullis, MD**

Professor & Program Director Indiana University School of Medicine Indianapolis, Indiana

#### **Community Development**

#### **Emily Keener, DO**

**Hughston Trauma** Jacksonville, Florida

#### **Fellowship**

#### Milton Little, MD

Orthopaedic Trauma Fellowship Director Assistant Professor Cedars-Sinai Medical Center Los Angeles, California

## AO Trauma North America Update

## Shift from knowledge and competence to Performance: Planning for the learning paradigm

#### Roger Wilber, MD, Chair



#### The world is changing, and the AO is changing with it.

As we accelerate into the 21st century, learners' expectations and needs are evolving rapidly, and AO Trauma plans to meet them.

Mobile based, just-in-time, personalized, adaptive, curricula with simulations as critical components that allow for focused repetitive practice and allow to still maintain a culture of mentorship and progressive monitored development are just a few of the instructional challenges and/or opportunities we face as we look toward the future and what we need to offer. New technologies are allowing a fresh modern look at education and research is beginning to provide us with an understanding of competency and how it might be assessed. This is the landscape that the Competency Training and Assessment Program (CTAP) is working in as the AO competes to maintain its role as a leader in surgical education globally.

The idea began simply enough. We (the AO) wanted to develop a certificate program that looked at skills but soon realized that what is needed is so much greater than just documentation for evidence of such assessment. We needed a way to make training better, more effective, more efficient. The AO has for decades been offering the world's best trauma courses that other societies have used to model their educational offerings. Into this culture of success, we are introducing change that we believe is based on necessity and the understanding that if we do not evolve, we become irrelevant.

When it comes to skills acquisition nothing can replace deliberate practice. Today's world doesn't allow for this in the same way that it did 20 years ago — the "See one, do one, teach one" paradigm almost does not work anymore. Practice with a purpose — to achieve specific performance goals chunked over time in a process that includes feedback and coaching —

is proven as effective today and hence the demand has increased. The number and variety of surgical procedures as well as the complexity has and will continue to increase. The surgeon's ability to obtain adequate exposure and training is stressed but, in most ways, inadequate. We are attempting to address this dichotomy by creating a curriculum that can be personalized to the individual and allow self-directed learning. Using Totara as the learning management system we will provide modules based on Entrustable Professional Activities (EPA's) as outcomes, which when completed will result in proficiency of that particular skill. An example of such an activity would be tasks related to treatment and management of a displaced intertrochanteric hip fracture or a distal radius fracture. The system will track the individual's baseline knowledge derived from the adaptive learning platform (rhapsode) and help direct them to knowledge that they may not possess. Short videos and directed readings will provide the knowledge necessary for beginning the process of repetitive deliberate simulations with feedback. Progressively increasing the fidelity and complexity of these simulations will always make it interesting and challenging. Remote or face to face mentorship and observation will allow us to develop standardized and researched assessment protocols and maintain the relationships that are so integral to our culture.

Our goals are simple: improve patient care by improving surgeon's knowledge and performance: removing variability from the educational process and standardizing assessments of skills and proficiencies: develop standards of performance valuable to understanding one's skill set for self-improvement. It is our belief that this effort will maintain the AO as the world leader in surgical training and skills acquisition and fulfill our mission of patient care.

## Committee Updates

#### **Education**

Michael Sirkin, MD



As we strive to stimulate interest in practicing surgeon courses, the AO Trauma NA Education Committee has established areas of perceived interest and need for these participants. In 2020, there are 3 new offerings outside of the standard Basic and Advanced Courses, Tips and Tricks, Think Tanks, Stowe New England Regional Fracture Summit, Fellows Cadaver Course, Pelvis and Acetabular Course, and Webinars.

The first of these new offerings is a comprehensive approach to the knee. The course focuses on knee trauma, reconstruction, and arthroplasty. This course is titled "Advanced Principles on the Management of Knee Disorders" and will take place

in Miami from February 21-23, 2020. The faculty are experts in orthopaedic trauma, sports medicine, and arthroplasty. The goal of the course is to deliver a set of principles that may guide surgeons on how to make decisions while dealing with knee injuries and deformities. The target participants include attending surgeons and fellows in the fields of Orthopedic Trauma, Joint Reconstruction and Sports Medicine. The course format includes cadaveric practical exercises.

For further information and registration, please click: REGISTER HERE—KNEE DISORDERS

A lower extremity osteotomy course titled "Osteotomy (Lower Extremity Deformity and Nonunion)" including cadaveric dissections will take place in Las Vegas from April 3-5, 2020. The learning objectives for this course are to help participants become comfortable with lower extremity deformity analysis and osteotomy planning. Surgical techniques will be taught to appropriately perform deformity correction in the settings of fracture malunions and nonunions and leg length discrepancy while preserving joint health and addressing bone loss. The target participants are practicing surgeons and fellows who are interested in joint preservation, deformity correction, and nonunion management. The curriculum includes cadaveric practical exercises that will include performing osteotomies and fixation.

#### For further information and registration, please click: REGISTER HERE—LOWER EXTREMITY OSTEOTOMY

Another new offering addresses the growing challenges of hip and knee arthroplasty patients with periprosthetic fractures. Since arthroplasties are being performed on younger and younger patients, this problem will continue to grow. Should you fix or should they undergo revision arthroplasty? This course will also take place in Las Vegas from May 14-16, 2020. It is a combined effort with AO Recon and is titled "Comprehensive Periprosthetic Management of Hip and Knee". This course aims to maximize patient outcomes following hip and knee joint replacement periprosthetic fractures by improving the practicing surgeon's ability to recognize, classify these injuries and then plan, and perform internal fixation and revision procedures. There will also be cadaveric practical exercises that will include revision arthroplasty and ORIF procedures.

For further information and registration, please click: REGISTER HERE—PERIPROSTHETIC HIP KNEE

We're excited to bring these new offerings! Please spread the word to your colleagues! If you have any questions, please contact the AONA office at customerservice@aona.org or call 610-695-2459.

#### **Fellowship**

James Krieg, MD



Why is the AO different from every other professional organization? Every member will tell you the real difference is the sense of collegiality and comradery that is unique to the AO. AO Trauma North America seeks to engage the next generation of AO Trauma members and leaders. While at the OTA Annual Meeting in Denver, we hosted the AO Trauma North America Fellows reception. Meeting immediately prior to the AO Trauma reception, many of the organization's leaders had the chance to socialize with the current and past fellows from AO Trauma North America fellowship

In addition, leadership of AO Trauma North America had a luncheon with alumni of the AO Trauma North America Davos Experience. Twelve fellows who had the opportunity to attend the Davos courses in prior years were able to meet over lunch and reminisce with old friends and make connections with new ones.

Every one of us in the AO remembers the colleagues who embraced us in our introduction to the organization, and it is our pleasure to bring the next generation into the fold of this unique and lasting network of professional colleagues and lifelong friends. Welcome to the AO, from the AO to its newest members.

## Committee Updates

#### **Hand Specialty**

Chaitanya Mudgal, MD, MS (ortho) MCh



The hand specialty is offering two **new** courses in 2020. The first Annual Hand Fellows Course: Preparing for Practice will be held in Rosemont, IL on June 19-20, 2020. This two-day cadaver course will allow participants finishing their fellowship to polish their skills before entering practice. The course will also feature some practice management topics such as Avoiding Pitfalls, Life After Training and Tips for Selecting Cases for Oral Boards.

The Advanced Wrist Summit will take place in Jacksonville, FL on October 23-25, 2020. This newly designed course will focus solely on the fractures, soft tissue injuries and complications seen in the wrist. The interactive learning environment and format will allow participants to review and discuss clinical cases. Participants are encouraged to bring their own challenging cases and receive feedback from expert faculty.

In addition to the 4 courses and 4 webinars planned for 2020, the AO North America Hand Education Committee continues to work on the editing of the hand flap videos and the creation of a book. The committee is looking for ways to incorporate digital learning into the educational portfolio.

## Research Gregory Della Rocca, MD, PhD, FACS



The AO Trauma North America Research Committee (AO TNARC) has been busy over the past couple of months. We were happy to see continued interest in our research funding programs and received a total of 23 applications for resident research funding and a total of 26 applications for funding by current AO Trauma North America-supported trauma fellows. The quality of research submissions continues to improve, and funding decisions were very difficult. Ultimately, the committee



decided to award five resident awards and 12 fellow awards. We look forward to the next round of resident research award applications, which was due on December 15, 2019.

The AO TNARC is pleased to announce the formation of a new research award process: The Young Investigator Research Development Award. Many current and former AO Trauma North America trauma fellows have been informed of this program, and applications were due on November 1. The goal of the program is to identify and support trauma fellowship-trained individuals entering into academic practice, in order to support their early research endeavors. We received nine applications. The applications will be

screened, and competitive applicants will be interviewed by members of the AO TNARC, with the goal of having the winners selected no later than December 15 of this year.

Those selected for the program will be invited to the OneAO meeting in February, at which time they will be introduced to the AONA community as award recipients and will present a brief synopsis of their proposed research project to the AO TNARC. AO TNA will provide a tranche of funds for the award winners to take to their institutions as start-up funding for their research projects. We will also be providing funding for travel to the OTA meeting in 2020, the 2021 OneAO meeting, for an

AO TNARC-approved grant writing or

research development workshop or research consortium meeting, and for statistical analysis in support of research being conducted during the fellowship year. It is our hope that we can foster the development of young research talent and create a cadre of AO TNA-supported researchers who will flourish in academic careers and maintain a link to AO Trauma moving into the future.

Stay tuned for the announcement of the winners of this new AOTNA research program!

## 2019

## Research Awards

#### **2019 Resident Research Awards Summer Cycle**

#### Aresh Sepehri, University of British Columbia/Vancouver

The Effect of Patient Resilience on Functional Outcomes Following Lower Extremity and Pelvic Trauma

#### **Taylor Paziuk, Thomas Jefferson University**

The Utilization of Cardboard Immobilization in the Emergency Department to Minimize the Occurrence of Non-Diagnostic Radiographs and Unnecessary Radiation

#### Annie Weber, R. Adams Cowley Shock Trauma Center

Orthopaedic Simulator Training Curriculum For Attaining Acquired Skills on Validated Hip Fracture Simulator at The End of A Training Year

#### **Heather Roberts, University of California, San Francisco**

Predictors of Quality of Life and Economic Impact after Open Tibial Shaft Fractures in Ghana

#### Mikaela Peters, University of British Columbia/Vancouver

Orthopaedic Surgery Resident Education in IPV Screening

#### 2019 Fellows Research Awards

#### Marissa Bonyun, R. Adams Cowley Shock Trauma Center

CHECK-IN: an educational feedback CHECKlist for Intramedullary Nailing of long bone fractures and its impact on resident perception of learning in the OR

#### Jane Liu, University of Missouri

Comparison of reamer irrigator and aspirator system (RIA) versus bone marrow aspirate concentrate (BMC) as orthobiologic augments to allografts for osteogenic and osteoinductive potential in bone healing

#### Tyler Smith, Washington University at St. Louis

The Effect of Percutaneous Posterior Pelvic Ring Reduction and Fixation on Patient Reported Outcomes

#### Ajinkya Rane, R. Adams Cowley Shock Trauma Center

A Bacterial Pathogen Specific Risk score for Deep Surgical Site Infections after Orthopaedic Trauma Surgery

#### Brandon Hull, Tampa General Hospital

Does the placement of blocking screws in the long segment of geriatric proximal tibia fractures improve the biomechanics?

#### **David Zuelzer, University of Texas at Houston**

In-Hospital Early Detection of Post-Traumatic Stress Disorder

#### Jordan Barker, University of California, San Francisco

The Iliopectineal Fascia: A Cadaveric Anatomical Study

#### Kimberly Grannis, University of California, Davis

Preclinical testing of human Skeletal Stem Cells to treat osteoporotic bone fractures

#### Krishna Chandra Vemulapalli, University of Texas at Houston

Posterior Exposure in Kocher-Langenbeck with Gluteus Minimus Debridement, Trochanteric Flip Osteotomy, and Gibson Approaches: A Cadaveric Study

#### Christopher Cosgrove, R. Adams Cowley Shock Trauma Center

Social Deprivation as a Predictor of Long-Term Mortality and Recidivism after Ballistic Trauma

#### **Adam Fahs, University of Missouri**

Can iron chelators augment the re-vascularization and osseointegration of large osteochondral allografts for traumatic hip articular reconstruction in a canine model? A pilot study

## 2019 - 2020

## **AO Sponsored Fellows**

#### **Allegheny Health Network**

Eric Hempen, MD Benjamin Wheatley, MD

#### **Carolinas Medical Center**

Stephen J Gibbs MD Abby M Howenstein MD Matthew C Starke MD

#### **Cedars-Sinai Medical Center**

Sohaib Hashmi, MD

#### **Dalhousie University, Halifax**

Rashed Salem Algudhaya, MD

#### **Hospital for Special Surgery**

Burak Altintas, MD Troy Bornes, MD Jeremy Kubik, MD

#### **Indiana University School of Medicine**

Brandon Jonard, MD Robert Wessel, MD

#### Massachusetts General Hospital / Brigham & Womens Hospital

Kyla Huebner, MD Matthew Morin, MD

#### MetroHealth Medical Center/ Case Western Reserve University

David Ramski, MD

#### Orthopaedics Indianapolis / Ortholndy

Andrew Bodrogi, MD

#### **R. Adams Cowley Shock Trauma**

Marissa Bonyun, MD Bennet Butler, MD Christopher Cosgrove, MD Rane Ajinkya, MD Christopher Renninger, MD

#### **Rutgers New Jersey Medical School**

Stephen Shymon, MD

#### St. Louis University School of Medicine

Mandip Singh, MD

#### **Tampa General Hospital**

Brandon Hull, MD Luke Lopas, MD Ruben Lufrano, MD

#### **University of British Columbia, Vancouver**

Scott Middleton, MD James Ardell, MD Justues Chang, MD

#### **University of California, Davis**

Ravand Khazai, MD Kimberly Grannis, MD

#### University of California, San Francisco

Jacob Matz, MD Jordan Barker, MD

#### **University of Minnesota**

Daniel Carlson, MD Khalid Azzam, MD

#### **University of Missouri-Columbia**

Jane Liu, MD Adam Fahs, MD

#### **University of Oklahoma Health Sciences Center**

Jeremy Sparkman, DO

#### University of Southern California / LAC+USC Medical Center

William Pannell, MD

#### University of Tennessee College of Medicine at Chattanooga

Michael Yee, MD

#### University of Texas Health Science Center at Houston Program

Duncan Jacob, DO Ashley Levack, MD Krishna "Chandra" Vemulapalli, MD David Zuelzer, MD

#### **University of Toronto / Sunnybrook Health Sciences Centre**

Jean-Phillipe Cloutier, MD Richard Felix, MD

#### **University of Washington**

Sean Campbell, MD Iain Elliott, MD Erik Magnusson, MD Joseph Patterson, MD Stephen Wallace, MD

#### **Vanderbilt University**

Lauren MacCormick Tatman, MD Donald Adams, MD

#### **Wake Forest University School of Medicine**

R. Bradley Kessler, MD

#### Washington University/B-JH/SLCH Consortium

Tyler W. Smith, MD

#### **Yale - New Haven Medical Center**

Jen-Chen (Mark) Huang, MD

## **Community Development**

Langdon Hartsock, MD, FACS



Langdon Hartsock, MD, FACS

The Community Development Committee has been actively working with the AOTNA staff to develop a robust and dynamic social media presence. The Social Media Task Force has an enthusiastic group of AO Trauma members who are actively creating and contributing content to post on the AO Trauma North America page on Facebook. While Facebook is a valuable social media platform, AO members utilize other platforms as well such as Instragram and Twitter. A multi-platform launch is expected early in 2020 as we build more infrastructure to support the social media strategy. AO Trauma faculty and members are invited and will be able to submit content to be shared in one or all of the social media platforms. This is an opportunity to create and maintain community connection with your AO friends and colleagues.

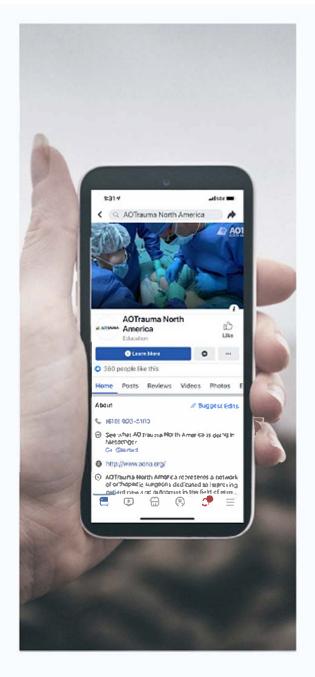
The first newsletter was well received and will continue to be published twice a year in an electronic format. The newsletter is designed to give AO Trauma members information on the activity of the various committees and workgroups, highlight leadership roles, and provide the readers with useful and interesting articles about AO education, events, and personnel.

An AO Trauma new member orientation packet is in development and completion is expected by 2020. This will be an electronic packet which will go out to all new AO Trauma North America members. The goal is to create awareness and help "on board" new members by introducing them to the many tools and resources offered by the AO and how to get involved in AO activities.

The AO Trauma NA Davos Fellows were recently announced. The Davos Fellows program is a collaborative initiative with the Fellowship Committee. Eligible applicants are orthopaedic trauma fellows who are either currently at an AOTNA Fellowship Site or have recently completed their fellowship. The two committees review all the applications using a standard scoring rubric and ultimately six individuals are selected to attend the AO Trauma Masters Course—Current Concepts: Tips from the Masters (Difficult Cases through the Eyes of Master Surgeons) in Davos each year. This is a very popular and competitive program with an increase in the number of applicants each year.

The AO Trauma North America Members Reception held during the 2019 OTA annual meeting was a tremendous success. The Pinnacle Club at the Grand Hyatt offered a beautiful and inspiring location to view the Denver skyline while connecting with friends and colleagues.

During the OTA meeting we held the first AO Trauma Davos Fellows Reunion luncheon hosted by Roger Wilber and Tim Achor. The Davos Fellows shared where they are currently practicing and expressed an interest in staying involved in the AO. Roger shared ways for them to continue to be involved in AO activities. Rahul Vaidya presented the online Video Journal Club concept which is currently active on Facebook. Raul shared his vision to expand this opportunity to be hosted as a webinar and invited the Davos Fellows ideas and participation. The fellows were very enthusiastic and have already developed a working group to make the expansion of the video journal club a reality.





DID YOU KNOW?

## AO Trauma North America has a new Facebook page?

Look for us on Facebook @AOTraumaNA



## **Social Media Task Force Members**

Eben Carroll, MD
Brad Yoo, MD
Michael Sirkin, MD
Andrew Marcantonio, DO, MBA
Derek Donegan, MD, MBA
John Scolaro, MD, MA

Christopher McAndrew, MD, MSc Lisa Blackrick, MD, MS Gillian Soles, MD Harmeeth Uppal, MD, MS, FRCS Rahul Vaidya, MD, FRCSC



**Chitra Subramaniam, PhD**AONA's Chief Learning
Officer

## Welcome back to the Learning Corner!

Last time we discussed the paradigm shift from Education (Instructionism) to Learning – a instructor centered approach to learner centered design and delivery of instruction. Let's now dig a little deeper into the concepts of learning and how it applies to each of us as teachers and educators.

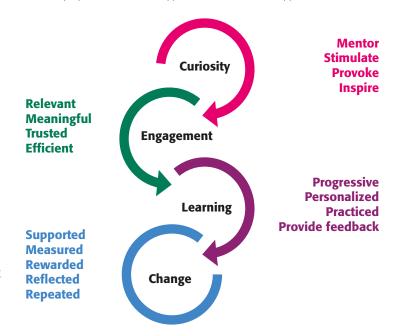
## **Learner Centered Instruction:** What the learning sciences tell us

The new discipline of the learning sciences today provides insights and perspectives into "Learning". The learning science foundations are multidisciplinary and pull from the several fields of study in education: Constructivism – how knowledge is constructed; cognitive sciences – how knowledge is processed to enable connections that promote understanding and meaning; learning technologies – tools and technology platforms that can enable and support learning to happen; socio-cultural studies – that provide insights into behaviors and provide ways to leverage human social needs and behaviors to promote learning, and finally disciplinary knowledge – factors that contribute to the development of expertise.

In the early 1980s researchers confirmed that knowledge constructed by adults are both quantitatively and qualitatively different from children – the so-called knowledge structures of mental schemas are different. In adults this is influenced or shaped by prior knowledge, experience, beliefs, norms and opinions that each of us possess. This is the fundamental premise of the cognitive sciences – that knowledge representations in the mind based on concepts, beliefs, experiences, facts, procedures and models. Artificial intelligence (AI) that can describe and inform expert behaviors have shed more light into development of expertise and related knowledge structures. AI defines expertise as accumulation of a large number and complex knowledge representations, procedures and plans, ability to manipulate such plans and procedures to address situational needs and challenges, and to reflect on one's own cognitive processes as they occur.

Thus, repeated exposure to situations that require application of knowledge and skills, reflection, ability to problem solve, and facilitation of higher order thinking skills are key to development of expertise. Another key element is interactivity that is meaningful. Adults learn by relating new learning to past experiences, by linking learning to specific needs, and by practically applying learning, resulting in more effective and efficient learning experiences. Greater interactivity and engagement promote learners' efficiency, motivation, and cognitive effectiveness. Learning is a deeply personal experience: we learn because we want to learn. By enabling learners to be more active participants, a well-designed experience can motivate them to become more engaged with the content. Interactive learning shifts the focus from a passive, teacher-centered model to one that is active and learner-centered, offering a stronger learning stimulus. Interactivity helps to maintain the learner's interest and provides a means for individual practice and reinforcement.

How do we integrate all of these in the process of learning? The learning sciences propose four different approaches to make this happen.



Adapted from the Cambridge Handbook of Learning Sciences

## Here are some examples of tactics for the different approaches

- **1. Invoke curiosity** self assessment, formative and summative assessments, coaching, mentoring, challenging assignments and scenarios, inspirational experiences that are thought provoking
- **2. Meaningful engagements** Interactivity that is relevant, appropriate to the learning levels of the audience, applicable to daily practice, delivered in a safe learning environment through a trusted source and the delivery of activities, interactions, and content is easy to follow, allows for learner interactions, and creates opportunities for dialogue and discussions
- **3. Learning experiences** are sequential, involve scaffolding, are personalized and aligned with learner needs, allow for repeated practice, feedback and reflection are a part of the process. The experiences build upon each other into a progressive curriculum and are not just one-off experiences.
- **4. Creating behavior change** recognition, support and providing tools and resources to set up the learner for success, continuous learning opportunities to reflect upon and assess the change are critical for retention of the changed behavior over time.

Intelligence performance however requires deep knowledge. Food for thought! How can we help learners acquire deep knowledge? This requires them to be able to relate new concepts and ideas to prior knowledge, look for patterns and underlying principles, integrate knowledge into relevant interrelated scenarios, evaluate new ideas and their outcomes, understand the process of dialogue and argument, and reflect on their own process of learning and understanding. How do we as teachers promote such intelligence performance?

#### **Until our next article!**

# Faculty Focus Who was John Border?

Passionate physician, always available and responsible for his patients.

A surgeon scientist, using both his clinical observations and basic science research to further patient care in Orthopaedic Trauma

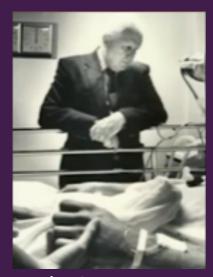


Image from OTA 2015

Dr. John Border is a figure renowned for medical advancements in the fields of trauma and, more specifically, orthopaedic trauma. Throughout his lifetime, Dr. Border achieved new milestones in the development of modern trauma procedures and practices and was able to thoroughly innovate concepts and ideas for the involvement of modern trauma in medicine as we know it today. Modern medicine and trauma have evolved as the involvements of medical practitioners with various streams of medicine have gained depth. Dr. Border's dedication to advancing the field of orthopaedic trauma has been a keystone element to furthering the work in many of the tenets that empower this field of study and practice.

Dr. John Border served as a trauma specialist at the State University of New York at Buffalo. There, he worked to inspire researchers and members of his community constantly through his crucial work in preventative care, such as his work to prevent fatal organ failure after surgery for severe injury, which was part of his impressive portfolio of research advancements and achievements.

Amongst his several applaudable elements of research, one crucial development that he contributed to was that of developing a methodology to prevent the stress of severe multiple trauma from setting off a chain of deadly biochemical events. As he led the team that conducted research on this component of care, he developed a sustainable model of reimplementation of similar tactics for future care, as well.

Overall, Dr. Border has been an inspiration to generations of medical care after him. Even after his unfortunate demise on November 11, 1996, he continues to be a critical member of the medical community, and acts as a keystone member of advancements, a contributor to his field, and a remarkable example of all the advancements that are possible and continue to develop in the vast field of medicine and medicinal development.

#### What is the connection between John Border and the AO?

Dr. Border was a pioneer in trauma research and patient care. A graduate of Harvard Medical School, he joined the University of Buffalo as a member of the department of surgery in 1965. He was Director of the Trauma Service at Erie County Medical Center and Director of University of Buffalo's Trauma Research Program from 1968 until his retirement in 1991, when he became Professor Emeritus of Surgery and Orthopaedics.

His life's work was dedicated to developing treatment plans to prevent what became known as ARDS and Multi Organ Failure. Dr. Border received many honors during his outstanding career. He was honored by the American Association for Surgery of Trauma with their annual Fisck Lectureship. He was past-President of AO North America and a founding member of the AO Foundation. He was a member of more than a dozen professional organizations, was author or co-author of more than 200 scientific articles and text materials and delivered more than 200 lectures worldwide.

He bridged the gap between General Surgery and Orthopedics. He showed the general surgical traumatologists the importance of proper fracture care and he showed the orthopedic traumatologists the importance of team work and how their fracture management affected the patient.

For these reasons, AO Trauma North America offers a short-term John Border Fellowship in his honor! The purpose of the fellowship is to recognize a North America resident or fellow for exceptional interest in the area of orthopedic trauma, with an emphasis on management of polytrauma. Information on this fellowship can be found on the www.aona.org website.

John Border Fellows Recipients:

1999 Thomas Ellis

2002 Christopher Wahl

2003 Patricio Grob

2005 Milan Sen

2006 Gil Ortega

2007 Samir Mehta

2009 Jaimo Ahn

2015 Patrick Schottel

2017 Paul Baldwin

2019 Mohamad Kareem Shaath



The OTA and AO Trauma NA supports and selects the John Border Memorial Lecture at the OTA Annual Meeting. This year, Chip Routt delivered the John Border Memorial Lecture on "What Matters"!

## 2019 Davos Fellows Experience

A joint Community Development & Fellowships Committee offering

This unique opportunity supports six fellows in training from North America training programs to travel as a group to Davos for the Current Concepts: Tips from the Masters: Difficult Cases through the Eyes of Master Surgeons offered December 1-6, 2019. This year's winners were:



Krishna Chandra Vemulapalli

Dr. Chandra Vemulapalli is from San Antonio, TX. After completing his Bachelor's degree in Health and Exercise Science and Religious Studies at Wake Forest University (Winston-Salem, NC), he completed medical school at the University of Texas at Houston and stayed on for his residency in Orthopaedic surgery in Houston where he was elected the administrative chief resident. He is currently in his orthopaedic trauma fellowship at the University of Texas at Houston and is pursuing an academic trauma career.



Scott Middleton, MD

Scott Middleton is currently a trauma fellow at Vancouver General Hospital. He was born in Dubai, went to school in Aberdeen, Scotland, then completed his medical school years and 'residency' in Edinburgh. He is returning to Scotland after his trauma fellowship to complete a foot and ankle fellowship in Glasgow. His interests outside of work include cooking, skiing, weightlifting and motor sport.

Dr. Phil Mitchell is a current
Orthopaedic Traumatologist at
Vanderbilt University Medical Center in
Nashville, Tennessee. After completing
his Bachelor's degree in Biology at
Columbia University (New York City,
NY), he continued on to medical
school at Emory University School
of Medicine in Atlanta, Georgia.
After medical school, Dr. Mitchell
completed his orthopaedic residency
training at Vanderbilt prior to an
Orthopaedic Traumatology Fellowship
at University of Texas Health Science
Center in Houston.



Philip Mitchell, MD

Dr. Lauren Tatman grew up in Cincinnati, Ohio. She received her bachelor's degree in biology at University of Dayton and attended Ohio State University for medical school. Following medical school, she completed her orthopaedic surgery residency at University of Minnesota and is a current Orthopaedic Trauma Fellow at Vanderbilt University Medical Center



**Lauren Tatman, MD** 



William Pannell, MD

Dr. William Pannell was born and raised in El Dorado Hills, California. After completing his bachelor's degree in Mechanical Engineering at the University of California Los Angeles, where he continued on for medical school. Dr. Pannell then went on to complete his Orthopaedic Surgery training at the University of Southern California, during which he spent an extra year conducting basic science research studying critical size bone defects. He is currently completing his Orthopaedic Trauma Fellowship at USC and is planning to establish a practice in Los Angeles following his training.



Lucas Marchand, MD

Dr. Lucas S Marchand, MD is a current Orthopaedic Traumatologist and clinical research fellow in Baltimore. Maryland. He was born and raised in Idaho, completing his undergraduate bachelor degree in Zoology at Idaho State University. Upon completion of his medical degree from the University of Washington School Of Medicine, Dr. Marchand went on to complete his Orthopaedic surgical training at the University of Utah in Salt Lake City. Following residency, he competed his Orthopaedic Traumatology Fellowship at R Adams Cowley Shock Trauma Center in Baltimore, Maryland. Dr. Marchand is currently working at Shock Trauma while completing a certificate program in clinical investigation, after which he will be returning to the University of Utah to pursue a career in academic medicine.

These fellows were chosen from a competitive field of applicants based on their proven record of achievement in orthopaedic trauma, as well as their commitment to being a leader in the field.

### **2020 Education Schedule**

### Live Activities & Webinars

#### Fellows Webinars—8pm EST

| Date         | Торіс  | Moderators          |
|--------------|--|---------------------|
| January 8    | Femur: Supracondylar Femur Fractures                     | Hobie Summers, MD   |
| February 12  | Pilon: Fixation Principles & Strategies                  | Matt Graves, MD     |
| April 8      | LE Deformity: Options for Tibial Deformity<br>Correction | Tom Higgins, MD     |
| May 6        | Bone Defects/Nonunions: Femoral<br>Nonunion              | Mitch Bernstein, MD |
| September 23 | Pelvis: Fixation Options in the Pelvis                   | Jason Nascone, MD   |
| November 18  | Acetabulum: Kocher Approach and Reduction                | TBD                 |

#### **Community-based Orthopaedic Surgeons** —8pm EST

| Date        | Торіс   | Moderators         |
|-------------|---|--------------------|
| January 22  | Rehabilitation After Fracture Surgery: Move It or Hold It?            | Matthew Camuso, MD |
| April 1     | Tibial Plateau Fractures: Pattern-Based<br>Surgical Approaches        | David Hubbard, MD  |
| April 22    | When an Amputation Is the Right Thing and How To Do It Right          | Saam Morshed, MD   |
| May 20      | Managing Soft Tissue Wounds   | Tim Weber, MD      |
| June 10     | Humeral Shaft Fractures: When & How?                                  | Greg Berry, MD     |
| September 2 | But Doctor, It Hurts! Pain Management After Fracture Care             | TBD                |
| October 7   | Deformity Correction Planning: Art and Science of Straightening Bones | Brett Crist, MD    |
| November 11 | Anterior Intrapelvic Approach: Why It's Loved and When It's Useful    | TBD                |

## **2020 Education Schedule**

## Live Activities & Webinars

#### **Live Activities**

| Dates           | Course  | Location         | Course Chairs  |
|-----------------|---|------------------|--|
| January 16-19   | Basic Principles of Fracture Management   | Charlotte, NC    | Gillian Soles, MD<br>Rahul Vaidya, MD, FRCSC                       |
| January 17-20   | New England Fracture Summit   | Stowe, VT        | George Dyer, MD, FACS<br>Matthew Camuso, MD<br>Michael Miranda, MD |
| February 13-16  | Basic Principles of Fracture<br>Management  | Phoenix, AZ      | Jennifer Bruggers, MD<br>Rafael Neuman, MD                         |
| February 21-23  | Advanced Principles on the Management of<br>Knee Disorders<br>(with Human Anatomical Specimens) | Miami, FL        | Muricio Kfuri, Jr., MD, PhD<br>James Stannard, MD                  |
| March 7-10      | Basic Principles of Fracture<br>Management  | La Jolla, CA     | Saam Morshed, MD, PhD, MPH<br>Carla Smith, MD, PhD                 |
| April 3-5       | Osteotomies of Lower Extremity Deformity (with Human Anatomical Specimens)                      | Las Vegas, NV    | Brett D. Crist, MD<br>Michael Sirkin, MD                           |
| April 18        | Hand & Wrist Fracture Management  | Houston, TX      | Thomas Hunt, MD, DSc   |
| April 30-May 3  | Pelvic & Acetabular Fractures (with Human Anatomical Specimens)                                 | Tampa, FL        | Mark Reilly, MD<br>Steve Sims, MD                                  |
| May 14-16       | Comprehensive Periprosthetic Management of Hip & Knee   | Las Vegas        | Michael Huo, MD<br>Mark Reilly, MD                                 |
| May 28-31       | Basic Principles of Fracture Management   | Nashville, TN    | Matthew Menon, MD, MHSc, FRCSC                                     |
| May 28-31       | Advanced Principles of Fracture Management  | Nashville, TN    | Raymond White, MD  |
| May 29-30       | Foot & Ankle  | Nashville, TN    | Lori Reed, MD<br>Michael Swords, MD                                |
| June 6          | Hand & Wrist Fracture Management  | Cleveland, OH    | Kevin Malone, MD   |
| June 14-16      | Think Tank for Practicing Surgeons  | Park City, UT    | Eric Johnson, MD, FRCSI<br>Sean Nork, MD<br>Roger Wilber, MD       |
| June 19-20      | Hand Fellows Course<br>(with Human Anatomical Specimens)  | Rosemont, IL     | Charles Cassidy, MD<br>Chaitanya Mudgal, MD, MS (ortho), MCh       |
| August 13-16    | Basic Principles of Fracture Management   | Toronto, ON      | Diane Nam, MSc, MD, FRCSC  |
| August 13-16    | Advanced Principles of Fracture Management  | Toronto, ON      |  |
| September 12-15 | Basic Principles of Fracture Management   | San Diego, CA    | James Learned, MD  |
| September 12-15 | Advanced Principles of Fracture Management  | San Diego, CA    | Paul Gladden, MD   |
| October 22-25   | Basic Principles of Fracture Management   | Jacksonville, FL | Michael Harris MD<br>Emily Keener, DO                              |
| October 23-25   | Advanced Wrist Summit   | Jacksonville, FL | Charles Cassidy, MD<br>Marco Rizzo, MD                             |
| October 29-31   | Tips & Tricks for Orthopaedic Surgeons  | Marco Island, FL | Terry Axelrod, MD, MSc, FRCSC<br>Davis Hubbard, MD                 |
| November 19-22  | Basic Principles of Fracture Management   | Baltimore, MD    | Lisa Blackrick, MD, MS<br>Robert O'Toole, MD                       |

## One AO 2020 by Chitra Subramaniam



AO North America's premier event of the year "The OneAO" is scheduled for Feb 7 th-9 th. 2020 will mark the fourth-year anniversary of the event. It is a gathering of surgical, educational and administrative leaders whose influence has an impact around the globe.

Healthcare in the 21st century is dynamic, and the landscape is changing exponentially. AO North America is evolving to meet the needs of healthcare for the future through leveraging the leadership of its members. A collective of Committee Members, Board Members of all clinical divisions, the AONA Executive Council as well as other leaders all joining together in the spirit of "Arbeitsgemeinschaft" or as Martin Allgower paraphrased "a fellowship of purpose based on friendship."

The theme for the 2020 event is "Culture". Culture can make or break individuals, teams, and organizations. Healthcare is no exception. Obvious known cultures, and the hidden not so obvious ones, can make or break individuals, teams, and organizations. Healthcare is no exception. Culture influences beliefs, practices and behaviors of healthcare consumers, providers and its purveyors. Come join us for dynamic "Ted talk" style presentations, group activities and thought-provoking discussions on healthcare cultures that drive the practice of medicine today.

The program features the well-known Andres Ericcson whose work on "Deliberate Practice" has shaped the way we deliver surgical training today. Clinicians face cultural challenges and sometimes barriers which hinder quality care that can be delivered. Join Josepha Campinha-Bacote to discuss processes, tools and models of care that address such challenges. Wellness and mental health in those who practice medicine is a key issue that needs to be addressed. Pamela Wible, a nationally recognized researcher and speaker on issues related to clinician mental health, will join us to share her expertise and insights on this topic. We have several other nationally and internationally recognized speakers who will share their perspectives on leadership, teams, and learning cultures. We also have a "mindfulness" session where each of you will practice mindfulness in a group setting and take home with you some approaches to help your residents, fellows and peers manage stress and burnout through mindfulness practices.

Engage in a Native American experience with your family, peers and nationally recognized experts at the Sheraton Wild Horse Pass Resort in Phoenix as we celebrate both the AO and the Gila River community "spirit and cultures".

Join us Feb 7-9, 2020, for a unique learning and cultural experience! Dynamic and nationally recognized expert interactive presentations, group activities and thought-provoking discussions on healthcare cultures that drive the practice of medicine today are specially designed and delivered with you the audience in mind. You, your family and peers are invited to engage in a comprehensive program highlighting the Native American experience at the Sheraton Wild Horse Pass Resort in Phoenix, celebrating both the AO and the spirit and culture of the Gila River community. We have activities planned throughout each day that will further enrich your experience at the resort. Designed to be an authentic representation of the Gila River Indian Community's heritage and culture, the architecture, design, art and legends of the Pima (Akimel O'otham) and Maricopa (Pee Posh) tribes are celebrated in every detail at the Phoenix resort.

The resort includes Aji Spa with private pool and cafe, Whirlwind Golf Club with two 18-hole Troon-managed golf courses and the only Five-Diamond and Forbes Five Star award restaurant in Arizona as well as one of Open Table's 10 Best Restaurants in America for 2015, Kai. There's something for every member of the family at the Sheraton Grand Resort at Wild Horse Pass. Splash around in one of our four pools with waterfalls and 111-foot water slide. Discover horseback riding at the Koli Equestrian Center with lessons, trail rides and outdoor events. For our younger guests, our Sheraton Adventure Club offers daily activities including exclusive Native American cultural programming. For a more active adventure, experience our tennis courts and extensive jogging/walking trails. Or enjoy a boat ride to Rawhide Ranch or Whirlwind Golf Club on the 2½-mile river that surrounds the resort.

## Welcome to our new

## **AO Trauma NA Members**

Andrew Adamczyk Donald Adams Mark Adams Kamaldeen Aderibigbe Jeremy Adler Rashed Al Qudhaya Waleed Albishi Samer Al-Humadi Raheel Ali Michael Allen Jerad Allen Aly Alsaifan Burak Altintas Mark Anders James Ardell Alexander Aretakis Omar Atassi Brigham Au Christian Awah Keith Aziz Khalid Azzam Andrew Bae Guy Ball Lauren Barber Mohamed Barry Carl Bemis Stephen Bigach Loren Black Lauren Boden Stephanie Boden Andrew Bodrogi Derek Bond Kelsey Bonilla Matthew Booth Ben Boothby Alexandre Boulos Rachel Brandl Daniel Bravin Daniel Brereton Dane Brodke Taylor Brown Marsalis Brown Katherine Buesser Gennadiy Busel David Campbell

Brian Campfield

David Carmack

Frank Cautela Hugo Centomo Mathew Clarke Wayne Cohen-Levy Brandon Collofello Alex Cruz Michael Czulinski Tyler Dahl James Dahm lefferson Davis Brian Davis Guadalupe de la Fuente Christopher Domes Christopher Doro Thomas Doucette Ahmed Emara Richard Felix Jennifer Fleming Mark Fleming Matthew Follett Amy Ford Kevin Fox Thomas France Rachel Garfinkel Greg Gaski Susan Ge Benjamin Geer Peter Georgakas Nicole George Stephen Gibbs Robert Golden Lawrence Goodnough Kim Grannis Adam Green Melissa Gross Ahmed Habis David Haddad Damayea Hargett William Harvin Lukas Hashem Sohaib Hashmi Andrew Haus Christopher Havdel Michael Heffner

Jace Heiden

Asadullah Helal

Eric Hempen

Havalee Henry Giselle Hernandez Matthew Herring Adam Hoffman Abby Howenstein Adrian Huang Florian Huber Alexander Hysong Robert Jacobs Yohan Jang Michael Jawad Devon Jeffcoat Kurt Johnson Josef Jolissaint Erlena Josifi Assaf Kadar Tyler Kalbac Jamil Kendall Lafi Khalil Mudassar Khan Dirk Kiner Skyler King Elizabeth Klag Nicholas Kolodychuk Joseph Koressel Jennifer Kreshak Jeremy Kubik Ashley Kuczinski Anton Kurtz Christopher Lee Simon Lee Joseph Lemker Ezra Levy Yibo Li Matthew Lindsey Jane Liu John Livingstone Raymond Long Ryan Lubbe Hiram Luigi-Martinez Douglas Lundy Frank Lyons Stephen Maier Michael Makowski

Ionathan Markowitz Meir Marmor Murphy Martin Christopher Matson Zachary McBeth Sara McBride-Gagyi Chris McDonald Kathy McGurk Joshua Meaike Xin Mei Carolyn Meinerz Tristan Mele Fabien Meta Maximilian Meyer Scott Middleton Johnathan Miller Andrew Mills Gudrun Mirick Mueller Stuart Mitchell Megan Mizera Joel Moktar Alana Munger Steven Murphy Joshua Namm William Neway Jacqueline Nguyen Michael Nolte Aaron Owen Mark Palermo William Pannell Joseph Patterson Tony Pedri Richard Planzo William Polachek Samuel Posey Eric Pridgen Cody Ramirez Alim Ramji David Ramski Kristoff Reid Emily Ren Justin Rennard Chris Renninger Arash Rezaei Noelle Rysselberghe

Zachary Roberts

Daniel Robinson

Casey Roehr Nicholas Romeo Mike Russell Ardavan Saadat Ehab Saleh Aatif Sayeed Austin Schaff Thomas Schildhauer Daniel Schlatterer Brian Schmidtberg Christopher Schneble Patrick Schottel James Seymour Akash Shah Adam Shaner Behnam Sharareh Alvin Shieh Michael Shumaker Mandip Singh Hope Skibicki Craig Smith Tyler Smith Haley Smith Stefania Spano Kyle Stephens John Steyn Andrew Straszewski Michael Stuart Amelia Suddaby Christopher Sugalski Michael Suk Nishant Suneja Allison Swanson Peter Swiatek Justin Sybesma Patrick Szukics Max Talbot Nicholas Talluri Lauren Tatman Ahmed Thabet Patrick Theriault Christopher Thomas Kenneth Thomas David Thompson Mina Tohidi

John Trask

Nicholas Tsouris

Taranjit Tung David Ulery Ajit Vakharia Krishna Vemulapalli John Verre Gregory Versteeg Michael Vosbikian Meghan Wally Zakkary Walterscheid Xinyu Wang Shawna Watson Matthew Webb Robert Wessel Alexander Wessel Matthew Wharton Benjamin Wheatley Michael White Joseph Wick Jordan Willis Scott Willms Shawn Wilson Matthew Winterton Brent Wise Justin Woods Travis Wright Kathryn Yeager Michael Yee Porter Young Buddy Yow Navid Ziran Steven Zourabian

Steve Malekzadeh

Dante Marconi

Erick Marigi



## AO Trauma International Interview with John (Jack) Wilber MD

#### What is your current position with the AO Foundation?

I am a member of the AO Foundation Board. The AO Foundation Board is composed of eleven members. This includes the AOF CEO and the Presidential Line. The remaining members are elected based on their field of expertise. My field of expertise is Trauma. Each member is bound to the AOFB by its fiduciary duty to this organization and cannot hold any secondary positions within the AOF.

#### What is your term?

Consistent with the Bylaws of the AOF and in line with most of the elected positions within the AO, my term is for three years with the possibility of one renewal. I am currently in my second year.

#### How are the AO Foundation Board Members selected?

There is an international open call for nominations which are then reviewed by the AOF Nom Com. The final candidates are then voted on by the Assembly of Trustees at the Annual Meeting. The winner must receive a simple majority.

#### What are the responsibilities of the Foundation Board?

The AOFB is the highest governance body of the AO Foundation responsible for the strategy and management of the AO Foundation. All members are obliged to act for the benefit of the entire AO Foundation. All AOFB members are accountable and responsible for the AO Foundation's activities and performance which includes its finances and business.

#### What are the biggest challenges facing the AO Foundation today?

Remaining fiscally sound, competitive and relevant in a rapidly changing environment with new generational needs and evolving rules and regulations.

#### How does your position interact with AO Trauma International?

Though I am the Trauma Expert on the AOFB, I am not a member of the AOTIB and I do not directly represent their interests and issues. I bring my knowledge of trauma and my years of experience at multiple levels within the AO and represent the interests of the AOF. I do try to stay in touch with the critical issues within Trauma and will attend the AOTIB meetings as an invited guest.

#### Where do you see the foundation in the next five years?

It will be different but recognizable as the AO with its 60 plus years of traditions and successes packaged and supported with innovative technologies and services. More digitally based services and innovative programs such as CTAP will move us into new areas beyond our traditional face to face programs. We will be moving towards a more inclusive and diverse organization.

#### What launched your AO career?

I went to my first AO course in 1984 at the Broadmoor in Colorado Springs. It changed the entire direction of my career. Originally accepted in a Shoulder fellowship, I sought out a Trauma Fellowship at Harborview and then went on to do an AO Fellowship with Tom Ruedi in Chur. Connections which developed during these experiences led to further involvement with the AO. First in NA as a table instructor, then a lecturer and eventually invited to be on the Education Committee (NAMTEC). One opportunity led to another and I eventually became the 3rd President of AONA. International involvement started slowly but I was eventually asked to teach in Davos several years after my fellowship. Once again opportunities were opened by individuals I met along the way and I was able to become involved with various committees. I was the NA representative on the inaugural AOTIB which combined my years of experience both within NA and international. I feel extremely fortunate to have been actively involved for so many years in multiple capacities.

#### What lessons has your work life taught you?

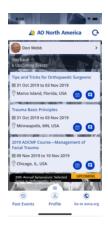
To be accepting and open to new ideas and people and to take advantage of every opportunity you can. The AO has been central in fostering these ideals by creating unique opportunities in an environment of excellence, diversity and most importantly friendship.

#### Who has been the biggest influence in your AO life? What lessons did that person teach you?

Without a doubt, Ted Hanson has had the greatest influence on my AO life. It was his influence that convinced me to change my career direction to trauma and he also gave me the opportunity to achieve that goal by hiring me at Harborview. He mentored me and gave me advice on many aspects of life well beyond the field of medicine. Through example, he taught me the importance of being dedicated, brave and bold when dealing with patients' needs. He encouraged me to be involved with the AO and helped arrange a fellowship with Tom Ruedi in Chur. (Tom by the way comes in a very close second to Ted in influence since he opened the international AO door and has been supportive throughout my career.) They have both been tremendous mentors and friends. My time at Harborview also fostered my close lifetime friendships with Steve Benirschke and Keith Mayo, both great influences in my life.

## **Important Technology Update**

## AONA Event APP



The AONA event APP was first released in early 2018 to provide event participants, Faculty and staff with quick access to all of the event related information stored within our website **www.aona.org**. Those functions continue to be enhanced for ease of use and supplemented with additional features for communication and teaching materials access.







Once at an event, the agenda and assignments are at your fingertips. You can also drill down to teaching materials for Faculty or guides and reference lists for participants. These can be saved to your phone for review during a discussion group, lab or lecture.







In the weeks leading up to an event the participants and Faculty will be asked to download the APP or insure they have the latest version loaded. The most popular items before the course are the agenda, assignments, Faculty bios and venue information (You'll no longer need to call someone and ask "Where am I going???").





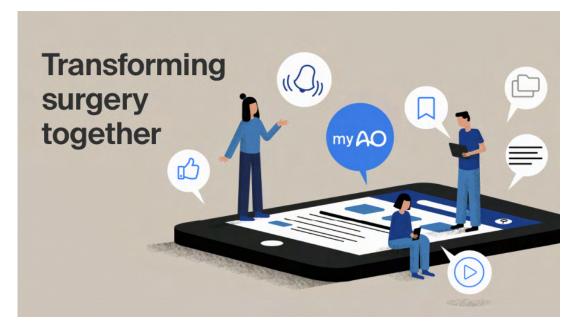
The APP also comes with a messaging tool that allows Faculty to communicate with all Faculty, participants and staff. Participants have the capability to ask questions of the session moderator, a specific Faculty member or an individual participant.



We've also added a marketing feature to the APP, so we can target audiences at a current course with courses they might want to attend in the future.

If you have additional features you believe we should add to the app contact Don Webb at webb.don@aona.org

# myAO is your personalized digital gateway to expertise and innovation.



myAO offers you dependable knowledge, tailored to your interest, wherever and whenever you need it. Get recommendations from AO approved clinical experts, enhance your expertise, and learn from AO videos and webinars.

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- 2. Use your AO credentials to sign up
- **3.** Personalize your myAO experience
- 4. Select clinical experts to follow
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Learn more about MyAO by viewing our video here:

**WATCH NOW!** 

# All change. The AO has a brand new look.

As some of you may have heard, the AO brand is changing. The public, digital launch took place this year and the AO Davos Courses 2019 was the first event to switch fully to the new AO brand. Implementation for AO educational courses will start in January 2020.

To help you understand why the AO is doing this, here is some background from its President, Robert McGuire:

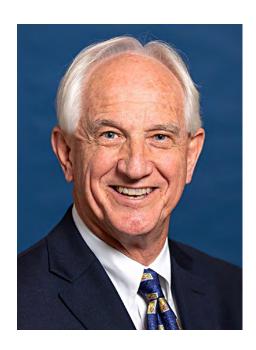
#### Why do we need this update?

**RM:** The AO is proud of its history, traditions, and identity, but as an organization—change is in its DNA. The health care environment is becoming increasingly complex. New challenges—and competitors—are arriving on the scene and this process will only gather pace.

It is important that every aspect of the AO embodies the true AO excellence.

#### What diference does the new brand make?

**RM:** Our brand says a lot about us. It communicates that we are globally engaged, that we are active, and that we strive for excellence in everything we do to further our mission. The new brand communicates more clearly to this complex and fast-changing environment that the AO is dynamic, open, and innovative. Importantly, it helps ensure the AO is fully optimized for its continuing drive to be 'digital first'.



## **Members Speak Out...**

We wanted to hear from you and we did! Please enjoy the thought provoking and, at times, entertaining answers your colleagues gave to the question, "What was the best advice you ever received"?

#### Peter A. Cole, MD, FAOA

"It is fine for you to have twenty priorities, as long as you remember your Top 3." I received this advice from Marc Swiontkowski and it has served me well.

#### Seth K. Williams, MD

"Ask for help early when you are in trouble."

#### David Begler, MD

1983 - had a very sick COPD pt w/ intertroch fx; Died on table. Chief of surgery noted how upset I was - said : "If a patient is going to die anyway, it's probably best if it's without your incision on them." In other words, you can't help everyone.

#### Bruce P. Meinhard, MD

"Boy, I never ever regretted I did not do a bone graft. Complicated operations produce complications. There is nothing so bad that surgery cannot make worse."

#### **Gregory Schmeling, MD**

"The enemy of good is better".

#### Jeffrey M. Smith, MD, FACS, CPC

The best advice I ever received was, "To not give other people advice.As everyone has differing levels of knowledge, experience, values and beliefs, I find it more beneficial to listen, offer support, and most importantly to model a behavior or skill. Since I am not an expert at anything, I often just try to model learning, growing and always striving to do better."

#### **Chris Finkemeier, MD**

"Wait one day before sending an email written in anger."

#### **Thomas Higgins, MD**

"Just focus on taking good care of the patients, and then the money and everything else will work itself out. Work so hard that when complications arise, you can rest easy knowing that you did everything you could to have prevent that problem."

#### **Andrew Sands, MD**

Best advice - is of course from Sigvard T Hansen Jr MD - among his many sayings and advice — the best is that when you look for a job you should go where you're wanted. What he meant was to choose a job where they want and need what you have to offer. That leads to junior faculty being supported and busy with help and guidance. The last thing a young orthopod wants is to be in an area where "they" don't want you and will work against you. I suppose you can always move later (and most orthopods do indeed move for many reasons at least once) but start where they want you. Get your boards. Learn your craft. Then the other advice he gave to us including what I would say is his most famous one - make the foot look like a foot. Which is his way of saying, function follows form. If you rearrange things so it looks like a foot, then it will work for support, stability and adaptation to uneven ground, along with mobility and propulsion. Remember, after you rod the long bones, screw the pelvis and fix the flail chest, the number one reason for long term disability is - the foot!

#### Alan Rechter, MD

There are 2 main decisions you HAVE to make right int this life. What career you choose and who you marry. Make a mistake on either of these and you're in a world of hurt. Make them correctly, and all other issues will work out just fine.

#### Joseph Schatzker C.M., M.D., BSc, FRCS (C)

If you are really sure that this is what you want to do, don't be intimidated by your older colleagues.

#### **Anonymous**

Get a pre-nup.

#### Jim Kellam, MD

The best advice I received was from a mentor and colleague Dr Gordon Hunter - The 3 A's of success are in this order Availability, Affability and Academics. These three qualities have helped me throughout the years.

#### Benjamin Geer, MD

The best advice I received was regarding the search for my second job. I asked a mentor if I would be better off in academics, private practice, or in an employed position. His response: "It's doesn't matter if you get a W2, a 1099, or file as an S-Corp. The most critical component of a good job is good culture. If the culture is good, the rest of the details will work themselves out." He was right and I am as happy as I've ever been in this or any other job.

#### Chip Routt, MD

It was from my father - "do something that no one else knows how to do, or wants to do...and you'll always have plenty to do".

#### Ross Leighton, MD

Two really: Medical — "Focus on the case in front of you and make sure it is done as well as possible regardless of the time involved. You can always do the next case tomorrow." This caused me to look critically at the end result and spend additional time when needed to get it right. Non-medical — "Incorporate your practice and save early—pay less taxes and save more when you are young."

#### Alan T. Kawaguchi, MD

Measure twice, cut once!

#### **Carol Copeland, MD**

I was once told, by one of the most scientific thinkers, clearest teachers, and successful researchers, who all of you would recognize as an incredibly productive contributor to the literature, the following: If you have a bad feeling in your gut about a patient, pay attention and listen to it; it's there for a reason. Slow down.

## **Members Speak Out...**

#### Steve Morgan, MD

"Your first 18 months in practice will be very unrewarding, not to worry it will pass, eventually the outcomes will become more predictable".

#### William T Obremskey MD, MPH, MMHC

Ray White circa 1995: Take good care of your patients; Keep your nose clean; Keep track of your results; Good things will happen.

#### jds

I received this advice when I was an ortho trauma fellow. "No matter what you do in life, always plan your exit."

#### Langdon A. Hartsock, MD, FACS

Advice for career: Better to run towards something than run away. For surgery: Measure twice, cut once.

#### CMc

"When research shows equal results between operative and non-operative treatment, it doesn't necessarily mean you should stop operating. It sometimes means you should get better at operating, indicating operations, or come up with better operations."

#### Robert Bucholz MD Sent in by: Josh Gary, MD

"If you know your anatomy, you can do anything." Charles Reiniert MD "There are three things you can give your kids: (1) An education, (2) A Moral Compass, and (3) A set of memories".

#### Rafael Neiman, MD

Some of the best advice given to me: when displaying knowledge, everyone wants to explain where they obtained the knowledge, to credit the person who gave them that knowledge. The thing about knowledge is, once you have it, it is yours. You own it. And you should no longer have to attribute it to the previous owners.

#### Claude Sagi, MD

You're only as good as your 10 worst cases.

#### Kevin O'Halloran

"Never trust anyone." Kind of dark but it has kept me out of a lot of issues over the years!!

#### **Brett Norris, MD**

From my mother Shirley Norris. "You cannot control other people's actions, but you can control your reaction to them." You will go through life and not agree with how some things are done, said or happen and how you control your reaction to that information can be life changing. Some really wise words that I live by still today.

#### Molly Black, MD

"If you don't control this job, it will control you."
"I never regretted anything I said when I was silent."

#### Anne Ouellette, MD

The best advice that I ever received was to read Man's Search for Meaning by Viktor Frankl. It has framed my life in staying focused on my meaning which is to help people regain their function allowing them to maintain their meaning in life. All surgical decisions to proceed with elective surgery are based on what gives them, the patients, meaning in their lives and does that surgery answer a need that is necessary for them to achieve that meaning. This empowers them to be successful because it is goal oriented.

#### **Emily Keener, MD**

I think the best advice I received was from one of my ortho trauma attendings in residency. He told me to always be the most critical of my own post-op x-rays. It is the best way to learn, understand, and grow as a surgeon.

#### **Keith Melancon, MD**

If you fail to plan, plan to fail.

#### **Will Rogers**

Good judgement comes from experience and experience comes from poor

#### Steve Schelkun, MD

There are two ways to do everything; the wrong way, and MY way.

#### Tim Weber, MD

Throw your heart into it and your body will follow.



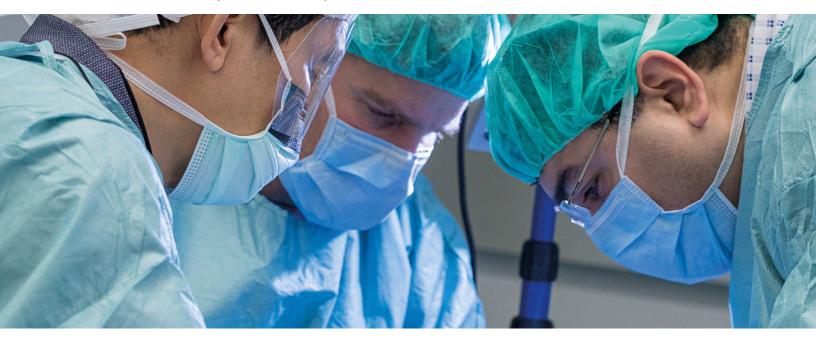
## Save the date: Madrid, April 2020 Sharing a world of knowledge

AO Trauma provides an outstanding selection of AO Trauma courses designed to meet your specific professional needs. We are confident that you will find the course offerings as well as the networking opportunity professionally rewarding.

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.



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Chairpersons:

Stefaan Nijs (BE), Ashraf Moharram (EG) AOTRAUMA10010974.aotrauma.org

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Chairpersons:

Gregory Della Rocca (US), Pedro Labronici (BR) AOTRAUMA10010997.aotrauma.org

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Hans Philipp Lobenhoffer (DE), Steffen Schröter (DE) AOTRAUMA10010972.aotrauma.org

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Chairperson:

Mandeep Dhillon (IN), Stefan Rammelt (DE) AOTRAUMA10010973.aotrauma.org



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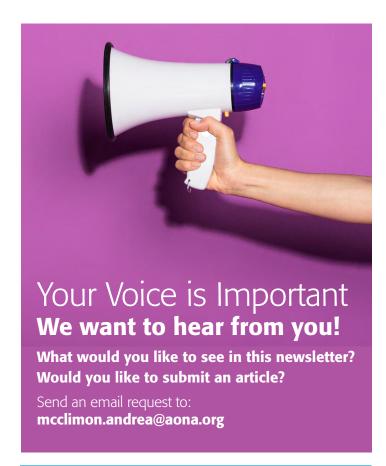
Our international membership base shares in a common mission to provide education and networking opportunities for the global membership community.

Members have access to a broad range of valuable benefits and services that assist in daily clinical practice and improve patient care.

## MEMBERSHIP







## What's Coming Up In the Next Issue

**June 2020** 

Review One AO February 6-9, 2020 Sheraton Wild Horse Pass—Phoenix, AZ

AO North America reorganizes and prepares for the future!

#### Who Do I Contact?

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