



# Letter from the Chair

L. Scott Levin, MD, FACS

Paul B. Magnuson Professor of Bone and Joint Surgery, Chair of the Department of Orthopaedic Surgery, University of Pennsylvania School of Medicine



As I write the 2021 chairman's letter, I look back with pride at the accomplishments of our Department across our missions of clinical care delivery, orthopaedic education at all stages of learning, and our ever growing and increasingly successful research enterprise. Each year that I have had the privilege to lead this Department, our team has distinguished itself institutionally,

nationally and internationally. This year has been no exception.

The COVID-19 pandemic created enormous challenges for all of us in many ways. In March of 2020 a decision was made to stop all elective surgery in order to accommodate patients with COVID and to protect our workforce. I was asked to join the Penn surgery leadership team that create policies with regards to operating room utilization for emergent cases, preoperative scoring of patient profiles, and preoperative testing for patients that would be going to the operating room. The administrative oversight was led by Neil Ravitz who serves as the Department of Orthopaedic Surgery CEO. Working collaboratively with the chairman of otolaryngology, the chairman of surgery and colleagues in anesthesia, our group assured that patients with critical surgical problems had access to the OR and beginning on May 4, 2020 we strategically reopened our operating rooms to resume elective surgery with a variety of constraints and restrictions. At this time our surgical volumes have almost returned to pre-COVID levels despite a second peak in COVID cases that occurred in December. With the exception of our orthopaedic trauma division, all divisions in orthopaedics were adversely impacted by the pandemic. Unlike many academic medical centers around the country, our faculty base salaries and benefits were kept intact, and our health system did not furlough any of our workforce. Our health system weathered the storm of COVID with remarkable courage and conviction and with great pride remains optimistic about our future. The effects of COVID that adversely impacted the financial stability of countless citizens, small businesses, corporations and health systems did not spare Penn Medicine. That being said, our rigorous financial management, government support, and departmental reserves allowed us to remain "open for business" despite the challenges of the pandemic.

Despite the strengths of the pandemic, the Department was able to complete a strategic plan that involved every faculty member. The strategic planning process was facilitated by the Penn Medicine Academy and led by a distinguished core working group that included Neil Ravitz, Kristy Weber, Brian Sennett, Samir Mehta, Lou Soslowky and Daniel Farber.

The last time that strategic planning had taken place was in 2008. The end product of our work this past year has created a road map that delineate our priorities for the next several years.

We have identified four pillars that will define our execution of the strategic plan. It includes culture, leadership, innovation and growth. The eponym "CLIG" applies to every mission. Continuous quality improvement in every aspect of our enterprise is essential to assure ongoing success.

We have also matriculated several faculty over the last year who will add depth to our clinical, research and educational benches. Casey Humbyrd, MD was recruited from Johns Hopkins and is the newly appointed division chief of foot in ankle surgery. Dr. Humbyrd has a Masters in Bioethics and will add a new dimension to our research mission. Bobby Ndu, MD MBA will join us in May 2021 and contribute to our foot and ankle program. He was a fellow with Keith Wapner and is returning to Penn. Hannah Lee MD, PhD has joined the hand division and as a new surgeon-scientist she will direct basic science efforts in nerve repair and regeneration. David Casper, MD has joined the spine division and will concentrate on spinal deformity and complement the efforts of Vincent Arlet MD. Rush Fisher, MD has returned to the University of Pennsylvania where he completed his training in 1995. As an accomplished spine surgeon, he will contribute to our educational and clinical growth in spine at Pennsylvania Hospital. Ernestina Schipani MD PhD joined us last fall. She is the W.W. Smith Endowed Chair of Orthopaedics and will augment our McKay laboratory program and become the fourth endowed research chair in the department.

Our basic research program is stronger than ever, and our NIH ranking (#3 in the US of all Orthopaedic Departments) is a testament to the leadership of Louis Soslowky, PhD. In fact, our P30 Penn Center for Musculoskeletal Disorders grant was just renewed for another 5 years with another outstanding score, making it the longest running P30 in history. The research faculty has had tremendous success this past year with regards to NIH funding. Both Mike Hast, PhD and Josh Baxter, PhD were awarded K08 grants. Several R01 grants were awarded despite the increasingly competitive funding levels, a true testament to our investigators and their scholarship.

## On Leadership

This year allows me to look back on the two consecutive terms I have had as Chairman of Penn Orthopaedic Surgery. Currently, my leadership is being reviewed by the Dean of the School of Medicine, and I sincerely hope to have the privilege of a third and final term as chairman.

I have said several times that it is the responsibility of leaders to acquire new skills which ultimately improves their ability to

lead. A few months ago I watched the 2009 commencement address given by Jamie Dimon to the graduating students at Harvard Business School. Mr. Dimon is the CEO of JP Morgan Bank and one of the most prominent financiers of our time.

Mr. Dimon's talk is about leadership. I'd like to share his concepts with you which epitomize leadership. His principles are in bold lettering. I have applied them to my observations as an Orthopaedic Chairman. I have also added a few points that have helped me beyond his superb address at Harvard.

1. **Read a lot.** I've learned a lot by studying leaders both their successes and failures. Business books on organizational behavior, team building and communication have helped me.
2. **Talk to people.** I seek out residents and faculty as I walk around the operating room in between cases. It's remarkable what people share, and what you learn about what goes on in your organization when you "walk the floor of the factory."
3. **Watch people.** Whether it's sitting with the other department chairmen in a conference room or these days while participating in a virtual meeting online; you can tell a lot by observing body language, tone of voice, by observing people's behavior. You see good things and you see bad things. Learn from both!
4. **You begin building your brand early in your career.** Your personal demeanor and professional conduct as a medical student, resident or fellow creates a brand. By the time you apply for your first attending job, the "book" on you has already been written.
5. Accomplished leaders **learn how to manage failure and setbacks.** Optimism is a force multiplier. Your team looks to you for guidance-particularly when things are not going well. Remain positive despite the turbulent seas.
6. A certain degree of toughness or GRIT as described in the bestselling book by Angela Duckworth Ph.D is required to endure the long race and to finish strong ... whenever your term is over.
7. **One must fight self-deception.** I look at myself in the mirror routinely to ask if I'm doing the right thing. More importantly- what do I need to work on to be a better leader. I run towards trouble and not away from it. For example if our financial performance is suboptimal for a given month or quarter, or if I have a problem with a resident or faculty member - I address the issue directly. Putting off difficult decisions and hoping problems resolved themselves is a recipe for disaster.
8. **Acquiring high emotional intelligence (EI)** is more important than having a high IQ.
9. **Learning to control your anger,** frustration and the urge to retaliate will serve you well. Measure your response before making that phone call or sending an email. Check your emotions often - it will keep you out of trouble. Professionalism is important.
10. **Leadership is personal.** The department represents my family, friends, partners, learners, and the patients

we care for. Anything that happens that negatively reflects on the department, I take personally. If a patient writes a letter to me and criticizes care for example, I respond to that patient with a personal letter of apology with a commitment to improve care or the issue that caused the complaint. Fortunately I do not have to write a lot of those letters.

11. **Discipline is important.** Making inpatient rounds to see patients every day of the week is standard on our service. When I arrived 12 years ago-there were patients that were operated on for example on Thursday, and as an inpatient only saw the resident post operatively and did not see a faculty member over the weekend. We changed our standard of care by agreeing that a faculty member would make rounds on Saturday, Sundays and holidays on every patient. My favorite days to make rounds on my patients are Christmas day and New Year's Day. Patients that are in the hospital do not expect to see their physician, but they should be seen by their attending surgeon or another faculty member regardless of the day of the week or if it is a holiday.
12. To lead effectively one must have a **strong work ethic.** I think about Penn Orthopaedics all the time. I ask myself - what can I do to make our team stronger? What new opportunities can we take advantage of? By desire and necessity, I often arrive early and have no problem being one of the last folks to leave the parking lot. You get to know the cars in the lot - who arrives early, and which faculty members are still working as you are leaving the garage.
13. **Continuous quality improvement.** We are data driven. Reviewing re-admission rates, patient mortality, length of stay and complications drive us to improve. Increasing the value of our care means that we have improved outcomes and decreased costs. We can look at outliers regarding physician performance both good and bad. Moving the needle in a positive direction is the underlying principle.
14. **Fortitude** is another characteristic that leaders must possess. Difficult decisions often need to be made about resource allocation, investments in research or education or salary adjustments. There are decisions that leaders make that will be unpopular with some of their constituents. Leadership is not a popularity contest- rather it is the responsibility for an enterprise. Leadership in academic medicine is similar to running a marathon rather than a sprint. For me, each year of my tenure is similar to a mile marker in a 26-mile race. Based on my age and the fact that most chairmen at the University of Pennsylvania are limited to three consecutive six year terms, I am now completing my 12th mile. My pace is picking up because of my enthusiasm for what lies ahead over the next six years.
15. **Leaders must set standards** and hold their teammates accountable. Integrity, ethics and unwavering moral compass of doing what's right at all times must guide

behavior. Any deviation from these standards must be dealt with rapidly and harshly if needed which includes immediate dismissal from a training program or faculty in cases where egregious behavior or actions occur.

16. **Provide an exceptional product.** Our medical and surgical care must be outstanding at all times. I often say, “if someone wakes up in Melbourne, Australia and has a musculoskeletal problem that no provider can solve in Melbourne or anywhere in Australia – I want their physician to think of Penn Orthopaedics as a destination where the problem can be solved!” More practically, I want Penn Orthopaedics to be the destination for patients in our region seeking the best care for their problem. I have tremendous pride in our team’s world class expertise and experience. I have operated with almost all of my partners and have witnessed their skill firsthand. Those that I have not operated with, I have watched them operate as I walk around the ORs and routinely wander into their rooms and observe their skill and surgical execution.
17. **Decision making** should be based on facts, not second hand information or opinions of others that make the issues personal. Get both sides of a story if there is a dispute or controversy and then make a decision about the issue.
18. **There is one truth.** One North star. Follow that star to guide actions and execution.
19. **Kill bureaucracy.** While I believe in the “chain of command” and value the concept of separating “leadership from management,” leaders must be accessible to everyone in your organization. An “open door” policy has served me well. My phone is on 24/7/365. I get called about patient referrals to our faculty, resident issues that require my input, and problems that occur with the patients I am caring for. Quoting my mentor J. Leonard Goldner, MD – “Medicine is a lifestyle, and not a vocation”.
20. Leaders **develop meaningful relationships** with other leaders. Networking within an institution and outside your institution is helpful. Developing professional working relationships with other department administrators, senior and junior administrators, hospital CEOs and other chairs of Orthopaedics around the country can provide political or social “capital” that can be helpful. Organizations such as the Academic Orthopedic Consortium can help with this.
21. **Engender a culture of “truth tellers.”** Do NOT look for people who tell you what you want to hear. Seek out those that are always honest about issues, even if their opinions are contrary to what you thought you would hear with regards to an issue. In faculty meetings I often call upon someone to comment on an issue, knowing that they feel strongly about the issue and that their feelings are diametrically opposite from the majority of the other faculty.
22. **Loyalty is critical.** I encourage faculty members to seek new career opportunities outside of Penn if that is something they care to explore. As a matter of fact, I expect our “superstars” to be considered for positions in other institutions. I like to hear that they are seeking such opportunities *from them* and support them in decision-making and evaluation of the offers they may receive. I do not respond well to sudden faculty departure without knowledge that such a transition will occur. Sudden departures can adversely affect budgets, our educational program and our ability to replace faculty in a timely fashion. Getting a text from a Chairman in another institution that he or she is delighted to matriculate one of our faculty does not sit well with me if I was unaware of the recruitment.
23. **Do not embarrass someone publicly.** As they say in the military—“dress down in private, praise in public”. Deliver bad news in person. Never by a phone call or an email.
24. **Morale in an organization comes from fixing problems.** Good leaders recognize problems, make a commitment to address them, and if the problem cannot be solved in a timely fashion—the leader discloses this and provides the reasons for delay.
25. **Treat all folks in your organization with respect.** I know the names of the custodians that empty my trash and clean our building. Knowing the names of personnel in your clinics and operating rooms goes a long way to boost morale and improve teamwork.
26. **Try to get compensation right.** A transparent and formulaic compensation plan is important. There should never be any “special” deals or silent arrangements.
27. **Promote innovation.** Pilot projects should be considered often, with the understanding that not all “great ideas” can come to scale. Failure is expected and should be recognized as a “learning opportunity” rather than a waste of time or resources. Often the “wins” become big wins for the Department and may even be embraced by other departments and the health system. Penn Orthopaedics’ motto; “Call us today. We will see you today” has changed our image, and has been adapted by other departments and even our competitors in the market place.
28. **Humility is critical.** I personally believe in servant leadership. Everyone in the organization should work on getting better at what they do and how they do it.

As I complete the 12<sup>th</sup> year of my tenure as Chair of Orthopaedics, I want to thank our faculty, residents, and staff for their support and hard work. We are poised for continued improvement in Culture, Leadership, Innovation and Growth. I will give you an update in a year!

Warmest regards,  
Scott