



## Reflections of a Chairman: What I Wish I Had Known Then That I Know Now



L. Scott Levin, MD, FACS, FAOA

One of my most avid hobbies is studying leadership. The windowsill in my office is filled with books on leadership, leaders and leading. The concept of being born a leader or evolving into a leader can be debated indefinitely. I believe that effective leaders continually work on improving their leadership capabilities and acquiring new skills that are needed to confront the constant challenges of their organization and their ever-changing environment.

Often, whenever there is a transition in leadership in a department, there is a period of uncertainty within the organization regarding the new leader. If the current leader has been effective, it is because he or she has built trust and gained the confidence of those that are led. For example, when I arrived as the new Chairman of Penn Orthopedics - I made it a point to meet the residents my first day on the job at 6 am. That day was July 1, 2009. Twelve hours later- at 6 pm I met with the faculty- in person. My discussion with the residents centered around my expectations of them with regards to professionalism and patient care. I insisted then- and I do to this day that *appearance matters*. They are required wear a clean white lab coat. All men must wear a tie and be clean shaven at all times. No beards allowed. While this surprised many- it set standards so that there would be no guesswork regarding my expectations. I spoke to the faculty and said this: "You do not work for me. My job is to work for you!" If I succeed in helping you fulfill your career goals- our team will succeed. I often say to a faculty member- at the scrub sink, in the hospital corridors or on rounds- "is there anything that I can do for you?" I believe that question is rarely asked to faculty in academic medical centers. Asking such questions is not enough. Following through on requests is what counts- and a rapid definitive response is better than a protracted waiting period for an answer that is nebulous. As a leader, you can either deliver or not deliver. If you cannot- share that you tried and what was requested cannot be delivered and explain why. That approach builds trust.

I will comment on five main topics that summarize the last 13 years at Penn. First- I'd like to comment on what I believe are *our* team's major accomplishments. There is no "I" in the word team. Our major accomplishments center around the people that we have recruited and developed. This includes our clinical faculty, our research faculty, our residents, fellows and administrative staff. When I arrived at Penn, there were not defined vice chair roles, which are essential in a highly matrixed organization. I immediately appointed Dr. Brian Sennett as vice chair of clinical operations. His keen understanding of our department at every level has been an invaluable resource for me personally and has accelerated our growth as a department. Recruitment of Dr. Kristy Weber also was a huge step forward in raising the bar of our

academic mission as well as our commitment to diversity at every level. Dr. Weber's profile nationally and internationally has provided the foundation for us to create unprecedented opportunities for women, underrepresented minorities and those from the LGBTQ communities. Appointing Dr. Louis Soslowky as the vice chair for orthopedic research was long overdue. I believe that the model he and I have established in academic orthopedics can be designated "best in show." Fiercely promoting translational research ultimately impacts patient care. As the responsibilities and intricacies of graduate medical education have exponentially increased, the need for a vice chair of education became apparent. Dr. Daniel Farber serves as vice chair of education. He has educational oversight of Penn Orthopedics and is supported by Dr. Cara Cipriano (Director of Medical Student Education) and Dr. Stephen Liu (Associate Residency Program Director). The number of fellow positions has increased over the years commensurate with our clinical volume and expansion of our faculty. Finally, with the support of the School of Medicine and the events that have occurred in our country over the last year or two- all of Penn Medicine has dedicated efforts to improve our institution's approach to diversity, equity and inclusion. Dr. Lawrence Wells is serving as vice chair of DEI until July 1, 2022 at which time a new Vice Chair will be named. His impact has been monumental.

Other accomplishments include establishing the Penn Medicine University City Musculoskeletal Institute, the Penn Orthoplastic Limb Salvage Center, the Penn Nerve Center, the Penn Human Performance Laboratory, the Penn Fresh Tissue Lab, the Penn Cartilage Center, the Penn VCA program and hand transplant program, and a combined and totally integrated Penn Hand Surgery Service (Orthopedics, Plastic surgery, Neurosurgery). These are new programs that have evolved over the last 13 years.

One of the key leadership principles is that leaders must lead from the front and not the rear. I've maintained an active clinical practice and take one week a call each month of the Children's Hospital of Philadelphia for pediatric microsurgical emergencies. The leader should never ask anyone that he or she leads to do something that they would not do. Being "in the trenches" with students, residents, fellows and faculty and performing surgery across our health system has provided "facetime" with our Penn orthopedic family. In fact, I recently signed on to be a VA staff physician to help with lower extremity amputation surgery if indicated for our veterans. I had previously served the VA WOC (without compensation) and will take a more active role at the VA in the future. I am a veteran and believe in the mission of providing the best care possible to our wounded warriors, and servicemen and women.

In anticipating the future needs and direction of the department, I believe it'll be essential that we create a Penn Orthopedic hospital to provide musculoskeletal care for the future. We already have architectural plans and renderings that connect our musculoskeletal institute to a 20-story building built on the corner of 38th and Market Street. This new inpatient home will provide care for adults as well as children. Discussions have taken place between CHOP, Penn Medicine and the Shriners hospital to create a new vision for pediatric care on our campus.

In addition to expanding our services downtown, it is clear with the shift from inpatient to outpatient surgery in specialties such as Spine and Adult Reconstruction that we will need to develop micro hospitals and expansion of our

outpatient surgery facilities. We will expand to provide care where our patients live rather than have them come to us downtown.

My role in the future will be to serve as a cheerleader for Penn Orthopedics as well as a staunch supporter of my successor. One of the main strengths of Penn Medicine is our collaborative spirit and totally integrated model for academic medicine. While we may not know what the future holds with regards to value-based care, reimbursement, new technology and new methods for providing care to our patients, we know that we are as well prepared as anyone to meet the future head on, with enthusiasm and unwavering support for continued excellence and achievement across all missions.