
THE ORTHOPAEDIC FORUM

What's Important: Physician Leadership

Now Is the Time

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In the setting of the coronavirus disease 2019 (COVID-19) pandemic, we are mindful of the need for strong leadership. Many physicians are meeting that need by providing courageous, effective, patient-centered leadership, which is defined as the ability to influence others for the benefit of patients and patient populations. Sometimes physicians are considered to be, or think of themselves as, independent practitioners, but this crisis demonstrates that a broader, collaborative, patient-centric perspective and a data-driven approach are needed, and will be needed for future health-care challenges and crises.

It is gratifying to see physician leaders in positions of authority providing technical expertise and working together to communicate a vision that is based on available information. These leaders are effective when they focus on a patient-centered vision, clearly communicate that vision, and respond humbly and agilely as new information becomes available. One of the most visible physician leaders, Anthony Fauci, MD, Director of the U.S. National Institute of Allergy and Infectious Diseases, has stepped up to act as a national, reasoned, data-driven voice of concern, providing a vision on how to limit the spread and mitigate the impact of COVID-19. At Duke University Medical Center, physician leaders in positions of authority at all levels have collaborated with community leaders to develop and communicate a plan for our patients, staff, and faculty. For example, these leaders prepared for, and continue to prepare for, the potential overwhelming demand on our health-care system. At the same time, they have made the considered and patient-centered decision to allow care to

continue, including some time-sensitive surgical procedures, for those in need. They have thought critically and recognized that, at least for the moment, we are in a different situation than New York, Detroit, or other leading centers of the COVID-19 outbreak in the U.S.

In uncertain times, with incomplete, rapidly changing, and frequently conflicting information, not all decisions are going to be good ones, nor will they be easy to make. In this crisis, we recall our mentor John A. Feagin Jr., the namesake and inspiration for the Feagin Leadership Program, who followed the mantra, “Do the right thing, at the right time, for the right reason.” Such guidance may serve us well at this time. Additionally, we reemphasize that physician leaders—in fact, all leaders during this crisis—must remain patient-focused, while also being mindful of our own health and safety and that of our coworkers and our communities as a whole. Leadership decisions must take into account what is best for our current patients, our future patients, and the entire population.

While the challenge may seem daunting, at every level, there is opportunity for each of us to share in the effort to address the crisis. Physicians who may not have formal positions of authority nonetheless have leadership roles through which they can influence their patients, their clinical teams and coworkers, and their communities. We see the best physician leaders making decisions in ways that are consistent with their institutional leaders' guidance and appropriate for the patients and the teams that they are leading.

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There has been a rapid adoption of different ways to “do” patient care, supervision, and teaching. Leaders are volunteering in nontraditional roles that will benefit society, potentially at their own economic loss, and are setting the example for others (e.g., taking steps to keep vulnerable patients safe and substituting for colleagues who have other urgent needs). We have seen orthopaedic leaders jump into this mix of nontraditional engagement. For example, at New York Presbyterian/Columbia University Irving Medical Center, Bill Levine took an active leadership role in the redeployment of orthopaedic teams to the emergency room and intensive care unit in response to an expected surge in patients at the New York hospital¹. Jim Ficke from Johns Hopkins Medicine helped to establish a field hospital in the Baltimore Convention Center². Ben Alman, Chair of Orthopaedic Surgery here at Duke, is using lessons that were learned in Toronto, Ontario, during the SARS (severe acute respiratory syndrome) pandemic to create safe, effective, team-based care for faculty, staff, residents, and fellows.

There also is exemplary leadership among residents and fellows. Their clinical responsibilities are evolving as they care for patients in new ways, accept reassignments to different rotations than they had expected, and teach their juniors to manage the uncertainty of what all of this holds for them when the new academic year begins in June. We see this exemplary leadership in medical students as well. While unable to be directly involved with patient care at this time, Duke medical students, led by Davison Council President Luke Wachsmuth and others, are supporting our health-care system by organizing day care, pet care, and other services for clinicians who are on the front lines of health care.

Leadership encompasses other attributes as well. Among the best physician leaders are those who recognize the need to act as exemplary followers at times. “Followership” is a fundamental of effective leadership and understanding when to follow and when to lead is an essential skill that we all need during this crisis. Importantly, exceptional leaders have been humble enough to learn from hard-hit areas in other countries and in the United States. They have followed others’ successes, learned from missteps, and supported the continued dissemination of information about the importance of hand hygiene, social distancing, early viral testing, and other concepts. Effective physician leaders also follow the leadership of other members of their own team, including nurses, therapists, environmental service workers, and those in the laboratory.

In addition to followership, teamwork—and recognizing the diverse players who are part of the team—is an essential

part of effective leadership in this crisis. We now see companies that have rapidly scaled to deploy testing, personal protective equipment, and medical equipment (from nasal swabs to ventilators); some companies have even changed their core business to help meet rising needs. We see engineers who have adapted ventilators to serve more than a single patient. We see construction workers who have worked swiftly to create temporary facilities and other physical structures for patient care. We see those in the food-service industry striving to make sure that our community is fed. There are so many—schoolteachers, environmental service workers, first responders, and others—whose collaboration helps us all in this unprecedented time. As leaders, we must recognize and value the contributions of all of our teammates, old and new.

When in the role of either follower or team member, we may wish to second-guess or criticize decisions that others are making. Being critical will not help us move forward; however, we can contribute meaningfully by providing constructive feedback and sharing creative solutions. We need to understand that leadership is not easy at any time, and especially now. We should be empathetic to the decision-makers’ dilemmas of leading in uncertain times. Leaders will make mistakes. At the same time, the best leaders learn from their mistakes and communicate the lessons that have been learned.

Every physician must understand that we all have leadership roles, and we must lead to the best of our abilities. Our patients and communities, our country, and the world are counting on the physician community to step up and act thoughtfully in doing what is best for current and future patients. For everyone else, please listen to and work collaboratively with physician leaders so that we can triumph over this pandemic and prevent future medical disasters. ■

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