

Global Leadership Development for Orthopaedic Trauma Surgeons: Assessment of Leadership Course Needs and Barriers

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Purpose: There is a high demand for formal leadership development training for surgeons worldwide. Such programs aim to support physicians' skills in communicating between support staff, managing conflict resolution, and fostering a team approach to problem solving—all of which are fundamental to the delivery of high-quality care. The need for accessible and relevant leadership education within highly specialized fields such as orthopaedic surgery is critical. While many high-income countries (HICs) have started to integrate formal leadership programs into physician training, literature regarding the implementation of these courses in low- and middle-income countries (LMICs) and upper-middle-income countries (UMICs) is not well described. This study examined non-clinical leadership development skills that global orthopaedic surgeons view as essential to becoming more effective leaders and described the barriers to attending leadership development programs.

Methods: This multinational survey consisted of 45 questions and was conducted between October 2020 and March 2021. Survey respondents included orthopaedic surgeons from different countries worldwide, selected from databases from 2 orthopaedic networks: the OTA and AO Trauma. The questionnaire collected demographic information, details of current and past leadership positions and training opportunities, perceptions on traits of an effective leader, and perceived importance and interest in various leadership topics.

Results: The survey was completed by 110 orthopaedic surgeons, representing 110 HICs, UMICs, and LMICs worldwide. Survey respondents reported holding a leadership position (87%) in hospital settings (63%), clinical settings (50%), national orthopaedic societies (46%), international orthopaedic societies (28%), and /or regional orthopaedic societies (20%). The greatest proportion of participants reported having never attended a leadership course (42%). Overall, participants regarded high performing team-building, professional ethics, and organizational structure and ability to lead as the most important skills for leadership development. Ratings were also stratified by income groups to determine if there were differences in orthopaedic surgeons' needs and perceived importance and interest in leadership development themes. No significant ($P \leq 0.05$) differences were identified. The most common barriers to attending leadership courses were lack of opportunities and invitations (41%), difficulty missing work (24%), and cost (22%).

Conclusion: Identifying the barriers to participating in leadership training can provide valuable insight into the accessibility of programs worldwide. Further, understanding the leadership skills that orthopaedic surgeons seek from such programs, and identifying any gaps in needs and provisions of leadership training between income groups, can better inform the development of future curricula.