

Research, Education, and Patient Care

An Interview with Douglas E. Padgett, MD, Associate Surgeon-in-Chief and Deputy Medical Director, HSS

EDITORS' NOTE HSS recently announced that Dr. Douglas Padgett will become Surgeon-in-Chief and Medical Director as Dr. Bryan Kelly transitions to CEO later in 2023. Dr. Padgett previously served as Chief of the Adult Reconstruction and Joint Replacement Service for the medical system. He received his BA at St. Michael's College in Vermont. A recipient of a Naval Health Professions Scholarship, he earned his MD at New York Medical College. Following graduation from medical school, Dr.



Dr. Douglas E. Padgett

Padgett began his surgical training at The Roosevelt Hospital. Dr. Padgett was then the Battalion Surgeon for the 2nd Battalion, 8th Marine Regiment during combat operations in Grenada, West Indies and in Beirut, Lebanon, where he was awarded the Naval Achievement Medal for meritorious service. Following his service, Dr. Padgett was a resident in orthopedic surgery at Hospital for Special Surgery and subsequently performed a one-year postdoctoral fellowship at The Rush Presbyterian Medical Center in Chicago in Adult Reconstructive Surgery of the hip and knee. He then served as the Director of the Adult Reconstructive Service at the Naval Hospital, San Diego and developed the Adult Reconstructive Education Program. In 1991, Dr. Padgett was deployed to the Persian Gulf with Fleet Hospital #6 in support of military operation during Operations Desert Shield and Desert Storm. In 1993, Dr. Padgett joined Hospital for Special Surgery as an attending surgeon on the Hip and Knee Service. In 2006, Dr. Padgett became the chief of the Hip Service, and in 2008 the chief of the Adult Reconstruction and Joint Replacement Service. In addition to his duties at HSS, Dr. Padgett is also a consulting physician for the Bronx VA Medical Center. Dr. Padgett has served as a board member of the American Association of Hip and Knee Surgeons as well as The Hip Society. He has served on the program committee of the American Academy of Orthopaedic Surgeons and as the program chair of the Orthopaedic Learning Center in Chicago.

What has been your path to leadership at HSS?

My path to leadership can be traced back to my time as a battalion surgeon with the Marine Corps. During that time, I observed individuals who made vital decisions through a process of situational assessment, information gathering, and a rapid analysis of options. Later, as a resident at HSS,

I had the privilege of training under Dr. Philip D. Wilson, Jr. Watching Dr. Wilson shepherd what was arguably the most talented group of orthopedic surgeons in the world confirmed that enabling members of your team to excel was the hallmark of a successful leader.

As I continued on my path, I had the opportunity to lead the joint replacement service at HSS about 15 years ago, and I have to credit Dr. Thomas P. Sculco, Surgeon-in-Chief emeritus, for both entrusting me and challenging me to take on that role. It was during this

time that I began to appreciate both the honor of leadership and the challenges this would present. My approach has always centered on teamwork and the notion that the group would always be able to accomplish more than any individual. The development of the HSS joint replacement registry, our robust research infrastructure, and the excellence in clinical care we provide is a testimony to the power of working collaboratively as a group.

As I transition from my current role as Associate Surgeon-in-Chief to Surgeon-in-Chief and Medical Director, I hope to stay true to principles that my mentors have instilled in me.

How is clinical leadership different at HSS than at general hospitals?

HSS is clearly a unique place. As an institution solely focused on musculoskeletal disease, all departments and services are aligned with the singular aim to restore mobility. As leaders, we use this clarity to drive our mission through the pillars of research, education and patient care to achieve our vision as the world's most innovative source of medical care. When it comes to our patients, we are constantly assessing not only what we do, but how we can better deliver care.

Leadership at all levels is continuously assessing issues of access and efficiency. We have made it a top priority to have our frontline clinical leaders work in a dyad structure with an administrative partner to identify new programs to improve delivery of musculoskeletal care. We also work to improve any program that is not functioning at optimal capability.

How do you balance your role as a surgeon, educator, and researcher, and do you see these roles as interrelated?

It has been the hallmark of leadership at HSS to excel at the domains of research, education, and patient care. In some respects, its actually pretty simple: identify clinically relevant

problems, use a robust research infrastructure to seek out possible solutions, and then educate the best and the brightest on how to implement these best practices. But simple doesn't mean it is easy. The challenges for me have always been about time management and prioritization of the most pressing issues.

I am deeply committed to research, as it will point the way to the future, and appreciate the importance of educating the future clinical stars of musculoskeletal care. While those are both important, the honor and privilege of caring for patients remains my top priority.

What is the role of clinical leadership in enabling geographic expansion with new talent in widely distributed locations?

HSS has been recognized as a leader in musculoskeletal care for almost 160 years. Over the past two decades, we made it a priority to expand our geographic footprint not only in the tri-state area, but also the Florida market. No matter where we expand, our commitment to providing quality care at all of our locations is our biggest focus.

We are able to do this for many reasons; chief among them is our ability to attract and retain the best talent in the business. Among the many resources we have at our disposal is a network of HSS alumni interested in reconnecting with our enterprise. Additionally, our graduate training programs in both resident and fellowship education provides us with a large number of potential HSS staff.

What advice do you offer to aspiring leaders in healthcare?

It has been debated as to whether leaders are born or made. While there may be an element of both, I am certain that there are steps those aspiring to leadership roles can take to better ensure success.

First, focus on becoming an outstanding clinician: this is why I went into medicine. Taking good care of your patients will garner you the respect and admiration of your colleagues, your community, and healthcare leaders. Second, find a niche that complements your clinical practice, but attempts to solve a real problem. Work with hospital or clinic administrators on committees like infection control, utilization management, health records, etc. Be part of a solution working with your team and you will get the attention of everyone. Finally, seek out leaders and ask for advice, learn about strategies and tactics, and get educated about how your system really works. ●