

Editorial

"In My Experience...Optimizing Medical Education with Human Connection"

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The author discusses his developmenet of a new way of group learning in orthopaedic surgery.

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I started my first educational meeting in the first year of my practice. I took a job in a rural area of Northern California, about an hour and a half north of Sacramento, and I felt like I was on an island. No one really knew where I was, and there were no other orthopedic surgeons nearby. I took over a practice from a retiring surgeon, and I quickly realized that my only way to connect with other professionals was by attending meetings. I literally went to any course I could find. I traveled constantly, but often returned feeling disappointed and frustrated by the experience.

I realized. My wife, an experienced educator, would listen and ask, "Why are you going? What are you trying to get out of it?" I realized that I was struggling to make meaningful connections; I felt invisible and it was affecting my ability to learn. This insight highlighted what I saw as a gap in medical education: the need for intimate and engaging educational experiences focused on fundamental concepts and personal interaction. So, I thought, "I'll just start my

own meeting—how hard can that be?" In hindsight, that sounds ridiculous.

Motivated by this realization, I decided to create my own educational meeting. The inaugural Northern California Shoulder & Elbow Meeting took place in Sacramento in 2019 and was well-received. After relocating to Newport Beach, we rebranded the event as OC Shoulder.

The goal was to address the challenges I faced with medical education, particularly at larger meetings. I aimed to create a single-day event that would alleviate the burden of attending lengthy conferences. Participants often struggle with the overhead costs of travel, hotel stays, and lost income from taking time off work. It's not just about the registration fee; it's about the opportunity cost and the time spent away from family. I wanted to ensure that if people were investing their time, it was truly valued.

We set the meeting for one day, on a Saturday, so attendees wouldn't need to take time off work. The event starts at 8 AM and concludes at 5 PM, allowing for quick entry

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and exit. We also aimed to keep costs under \$500, all-inclusive, ensuring that financial barriers wouldn't deter anyone, whether they were seasoned practitioners or just starting out.

Additionally, I wanted to ensure that attendees felt their opinions mattered. We structure the event like a wedding reception, with the entire day centered around round-tables for discussion. Previously, I attended meetings where I admired well-known surgeons but never had the chance to meet them. Our format changes that: when you register, you're assigned a seat with your name clearly displayed. Each table consists of five colleagues and two faculty members, providing a day of face-to-face interaction.

We start with a brief talk on a specific topic—let's say massive rotator cuff tears—followed by 20 minutes of discussion at your table, allowing for questions in a more comfortable, smaller environment. We then have about five minutes for a group-wide discussion. By capping attendance at around 65 surgeons, we maintain an open atmosphere conducive to conversation.

We obviously can not cover every topic in shoulder surgery, but we carefully curate the top 15-20 topics you need to know that year, and cover in detail. You leave feeling like you've gained valuable insights. We don't record or live stream the sessions, which fosters an open and honest environment.

Participants not only connect with their peers but also have the chance to meet faculty members, whom we rotate throughout the day. This fosters a sense of networking that I wanted to create. That's the essence of OC Shoulder.

I often get asked about expanding the course, but I'm hesitant. The success of OC Shoulder lies in the hands-on approach and personalization that would be lost if we tried to scale it. I want attendees to feel as if they are coming to an event at my home, where they're treated like friends.

Recently, I became involved with the Critical Concepts in Shoulder and Elbow Surgery meeting, which was traditionally a three-day event in Las Vegas. I collaborated with Grant Garrigues and Robert Gillespie to reimagine it as a comprehensive cadaver course with limited space and availability—something that isn't commonly offered elsewhere.

This course is structured over three days: the first day focuses on new technologies and biologics in shoulder surgery, the second day covers shoulder sports and elbow, and the third day is dedicated to shoulder arthroplasty. Participants will spend three days in a lab, practicing the skills they learn and leaving with practical experience with an expert faculty panel at nearly 2-1 faculty to attendee ratio—niches that we believe been missing in medical education.

Medical education has evolved; online platforms offer the same information you'd get at any meeting. However, the true value lies in the connections and friendships formed through personal interaction. Ultimately, it is this human touch that distinguishes meaningful educational experiences in medicine.

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