

Editorial

Voices in Orthopaedics™...The Residency Programs...The Role of Networking and Interconnectivity in Building an Orthopedic Career

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The primary emphasis of orthopedic surgery residency is the development of proficient and competent orthopedic surgeons. However, networking—an often-overlooked aspect of career development—may play an important role in a surgeon's success. Whether as a medical student seeking to match into orthopedics, a resident pursuing a fellowship position, or a graduating trainee searching for a first attending job, the ability to network effectively can significantly influence career trajectories at every stage of a surgeon's professional development.

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For several years, the number of medical students applying for orthopedic surgery residency has exceeded 1,000 applicants. In 2025 alone, there were 1,590 applicants to PGY-1 orthopedic positions, despite only 929 positions (58%) being offered (NRMP 2025). With more than 1-in-4 U.S. medical students failing to match orthopedics annually (Gerhold et al. 2025), it begs the question – *what are those who successfully match doing differently?* While several factors— clerkship and sub-internship performance, academic statistics, and research productivity—contribute to a successful match, the possible importance of networking at key career inflection points cannot be overlooked. Career development can hinge on meaningful professional connections and is rarely achieved in isolation.

THE ART OF REACHING OUT

The business world may offer deeper insight into the value of networking. It is common for students in master in business administration (MBA) programs to dedicate much of the two years to developing the art of building professional relationships and connections (“Networking Courses | Harvard University,” n.d.). In contrast, there is no formal guide provided to medical students on how to identify mentors, cultivate meaningful connections or develop an professional network.

Broadly speaking, in business, outreach can be grouped into two categories: cold outreach and warm introductions, with warm introductions generally considered the gold standard. A warm introduction occurs when a trusted individual reaches out on your behalf to someone with whom you're seeking to establish a connection. Conversely, cold outreach requires individuals to advocate for themselves. For example, sending an introductory email to a potential

mentor whom you have never met is a common form of cold outreach.

Recent research published in the Harvard Business Review showed that referred clients were more likely to convert quickly, demonstrate loyalty and purchase more frequently compared to those obtained via cold outreach (Edinger 2021). Warm introductions, particularly those made by a trusted peer or advisor, have the unique ability to accelerate relationship building, improve conversion rates and build credibility between a consumer and a business (Edinger 2021).

An example of a warm introduction in medicine is the Letter of Recommendation for an applicant to a residency program. In this context, the letter writer's reputation and credibility are leveraged on behalf of the applicant. It is important to note, as with all warm introductions, the strength of the recommendation is heavily dependent on the underlying rapport between the applicant and the writer. If the relationship with the mentor, attending, or recommender is weak—or worse, negative—the letter can ultimately be detrimental rather than beneficial.

While warm introductions are often the preferred approach when seeking a mentor or advocate, it is important to note that sometimes circumstances require individuals to take the initiative to reach out directly. While cold outreach may yield lower response and success rates, a concise, respectful email has the potential to open doors to relationships that can help to shape a career trajectory.

TIMELESS PRINCIPLES OF CONNECTIVITY

Perhaps the most widely read book on networking, *How to Win Friends and Influence People* contains principles of relationship-building that remain remarkably relevant nearly a century after its publication (Carnegie 1936). In this classic work, Dale Carnegie, a 20th Century lecturer and author, highlighted key concepts for meaningful interactions with customers, friends, and colleagues. In the book's second section, “Six Ways to Make People Like You,” Carnegie offers lessons that can be applied to building professional relationships and advancing a career in orthopedic surgery.

1. **Become genuinely interested in other people:** Get to know people without having an ulterior motive for transactional gain. When you demonstrate interest in

others, others will in turn become more interested in you.

2. **Smile:** Showing up to work each day with a positive attitude, a smile, and a strong work ethic can positively influence how you are perceived by both peers and mentors.
3. **Remember names:** When interacting with superiors, put faces to names before meeting an attending at an interview or a prospective mentor at a conference. This shows respect and highlights your preparedness.
4. **Be a good listener:** You do not need to be the biggest person or loudest voice in every room. Especially as a trainee, realize that you do not need to be the center of attention.
5. **Talk in terms of the other person's interests:** When you demonstrate an attempt to relate to others, people will be much more open to speaking with you. In a small world, shared interests can go a long way to building a connection with a new mentor or peer.
6. **Make the other person feel important – and do it sincerely:** Regardless of with whom you are interacting, take the time to show that you appreciate their work, who they are, and their *why*. People who feel seen are much more receptive to entertaining your questions and interest in their program, fellowship or job.

BUILDING YOUR PROFESSIONAL BRAND

Residency is the ideal time to build your professional brand. More than an online presence, your brand is the impression you create through your daily actions. It reflects what staff, peers, patients, and families say about you and your work. For an orthopedic surgery resident, that reputation may be shaped by details such as the quality of a splint or wound closure, composure under pressure, integrity, and communication skills.

Building your brand requires deliberate, sustained effort. Even so, you will develop a reputation—positive or negative—whether you shape it intentionally or not. In an orthopaedic residency, that reputation or brand is usually earned early and maintained through your years in residency. That reputation plays a major role in your social capital, the opportunities made available through your relationships. James Coleman, a prominent sociologist of the 1950s, emphasized the importance of social capital and its influence on the opportunities an individual receives (Coleman 1988). For that reason, approach your daily work and interactions thoughtfully so your brand reflects who you are and what you stand for. Ultimately, the goal is to become the kind of surgeon staff value working with, practices want to hire, and patients seek out.

A YOUNG ORTHOPEDIC SURGEON'S NETWORK: MENTORS, COACHES, & SPONSORS

From training through early practice, a strong network of coaches, mentors, and sponsors is valuable in helping or-

thopedic residents and later, attending surgeons, achieve their career goals. The orthopedic community is becoming increasingly intentional about building and sustaining mentorship networks. At our institution, although not formally assigned, every resident is expected to have a mentor. From the early 2000s to the present decade, the proportion of U.S. orthopedic surgery residents reporting to have a mentor, has increased from 51% to 75% (Hart et al. 2020). Residents also report greater satisfaction with their training programs and subspecialty pursuits when they have formal mentorship relationships (Brook et al. 2020).

Although mentorship is more common today, medical students, residents, fellows, and junior attendings still need a broader professional network. In addition to mentors, that network should include coaches and sponsors, each with a distinct role. A *mentor* offers career guidance and is usually a more senior person who helps clarify goals and navigate key decisions (Gottlieb and Travis 2018). For example, mentors may advise on research, recommend conferences, and provide broad feedback that supports long-term growth. A *coach*, by contrast, focuses on skill development. In orthopedics, this is often an attending who helps refine surgical technique through practice, feedback, and guidance. Trainees should seek attendings—especially within their intended subspecialty—who can help them steadily improve their technical skills. Although some individuals serve as both mentor and coach, the roles do not always overlap. For instance, an attending outside your subspecialty may offer valuable career advice without serving as your main technical coach. Every trainee should also have a *sponsor*. In business, sponsorship is already recognized as a major driver of career advancement, and medicine has only recently begun to distinguish sponsors from mentors. While mentors may provide guidance, feedback, and expertise, sponsors, by contrast, should have organizational influence and be willing to advocate for a trainee at pivotal moments (Gottlieb and Travis 2018). To use a baseball analogy, a sponsor is like a designated hitter: they may not check in regularly, but when an important opportunity arises, they are the person who steps up and makes the call on your behalf.

One person can sometimes serve as a mentor, coach, and sponsor. More often, however, trainees must evaluate their network intentionally to ensure they have people in each role to support future career growth.

ACTIONABLE STEPS FOR THE TRAINEE

So, what can you do today to build your network? Although networking is often perceived as an innate skill or personality trait, literature suggests that effective professional networking can be intentionally cultivated through goal-oriented behaviors (Faria et al. 2026; Miller et al. 2021; Sambunjak et al. 2006). In orthopedic surgery, trainees should approach networking as a longitudinal professional competency goal rather than an occasional or sporadic activity. Notably, mentorship and sponsorship relationships are garnered through consistent visibility, reliability, and reciprocal engagement over time. Below are five actionable

steps all students and trainees can take to begin building a reliable professional network:

1. REACH OUT EARLY AND CULTIVATE LONGITUDINAL MENTORSHIP RELATIONSHIPS

Trainees should begin identifying and engaging mentors early in residency, ideally during internship or junior residency years. Longitudinal mentorship allows faculty to observe a trainee's work ethic, professionalism, technical growth, and interpersonal skills over time, thereby strengthening future advocacy on behalf of the trainee. Practical strategies include:

- Identifying 2–4 faculty members early on in training with differing roles and expertise
- Scheduling periodic career discussions rather than waiting for formal evaluations
- Follow up consistently with updates after initial meetings
- Demonstrating sustained engagement through clinical preparation, research productivity and reliability
- Seeking mentorship outside one's home institution when appropriate

2. CLEARLY COMMUNICATE CAREER GOALS AND ASPIRATIONS

Mentors and sponsors cannot effectively advocate for trainees if they are unaware of the trainee's goals. Trainees should therefore be encouraged to communicate career aspirations clearly and proactively. This is particularly important during major inflection points such as fellowship application cycles, research years, leadership opportunities, or the transition to practice. As previously discussed, professional advancement frequently depends on sponsorship. Sponsors often rely on your self-assessment of career aspirations to properly advocate on your behalf. It is expected for these to evolve over time. Accordingly, trainees should explicitly communicate:

- Desired subspecialty interests
- Academic versus private practice aspirations
- Geographic preferences
- Research interests
- Leadership (e.g., committee or organization participation) goals

3. ATTEND CONFERENCES AND PARTICIPATE ACTIVELY IN ORGANIZED EVENTS

Attendance at local, regional, and national meetings remains one of the most effective methods for expanding professional networks. Conferences provide trainees with direct access to leaders in orthopedic surgery, facilitate exposure to emerging research and innovations, and create opportunities for collaboration beyond one's home institution. However, merely attending meetings is insufficient. This can be a great way to meet new people through warm introductions during group discussions. Repeated visibility over time contributes to professional familiarity and in the small world of orthopedics can influence future fellowship

and employment opportunities. Practical conference and meeting strategies include:

- Reviewing faculty attendees and identifying individuals of interest beforehand
- Preparing concise introductions and discussion points
- Building a research portfolio and presenting whenever possible
- Attending subspecialty-specific networking events
- Apply for resident- or junior-level leadership roles (e.g., council positions, resident committees) when available

4. PROTECT AND DELIBERATELY BUILD YOUR PROFESSIONAL REPUTATION

As discussed, a trainee's professional reputation—or "brand"—is developed gradually through repeated daily interactions. Residents should therefore approach every clinical interaction as an opportunity to strengthen their professional identity. This includes:

- Arriving prepared for cases and conferences
- Maintaining professionalism during stressful situations
- Treating all ancillary staff and colleagues respectfully
- Demonstrating accountability and ownership
- Responding promptly to communications
- Maintaining integrity in documentation and research practices

In orthopedic surgery, where the professional community is increasingly interconnected, reputation carries significant long-term implications. Fellowship directors, employers, and future colleagues frequently rely on informal assessments from their trusted peers when evaluating applicants. Increasingly, digital professionalism also contributes to one's professional brand. Social media platforms may facilitate educational engagement and professional networking but should be approached with caution. Trainees should maintain awareness that online behavior may influence professional perceptions among peers and faculty, in both positive and negative lights.

5. FOLLOW THROUGH AND BECOME KNOWN AS DEPENDABLE

Reliability is among the most valuable characteristics a trainee can develop. Mentors and sponsors are significantly more likely to invest in residents who consistently complete projects, communicate effectively, and contribute meaningfully to collaborative efforts. One of the fastest ways to damage mentorship relationships is to fail to complete assignments. In contrast, trainees who consistently execute tasks often gain access to greater opportunities, and ultimately career advocacy. Mentorship is inherently bidirectional and therefore serving as a dependable individual goes far in building a durable network. Practical habits that reinforce dependability include:

- Responding promptly to emails and messages

- Meeting deadlines consistently
- Providing regular project updates
- Being honest and proactively communicating any bandwidth limitations (i.e., avoid overcommitting)
- Completing smaller tasks reliably before pursuing larger responsibilities

CONCLUSION

Networking is an essential part of building a career in orthopaedic surgery. Though it may be true that success sometimes boils down to “who you know,” it is equally true

that you have the power to change *who you know* and how *well they know you* by being proactive as a trainee. Seek out warm introductions, utilize cold outreach when necessary, and never be afraid to advocate for yourself. Above all, be a good, reliable person and colleague – your reputation will precede you – and with a positive perception of authenticity, integrity and reliability, your network will quickly grow and propel you toward your goals.

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REFERENCES

- Brook, E. M., C. H. Hu, X. Li, E. L. Smith, and E. G. Matzkin. 2020. "The Influence of Mentors in Orthopedic Surgery." *Orthopedics* 43 (1): e37–42. <https://doi.org/10.3928/01477447-20191122-02>.
- Carnegie, D. 1936. *How to Win Friends and Influence People*. Simon and Schuster.
- Coleman, J. S. 1988. "Social Capital in the Creation of Human Capital." *American Journal of Sociology* 94 (1): S95–120. <https://doi.org/10.1086/228943>.
- Edinger, S. 2021. "What an Effective Client-Referral Strategy Looks Like." Harvard Business Review, March 15. <https://hbr.org/2021/03/what-an-effective-client-referral-strategy-looks-like>.
- Faria, I., C. R. Guetter, M. Hopp, et al. 2026. "Mapping Pathways to Professional Support: The Role of Mentorship, Coaching, and Sponsorship in Surgical Careers." *Am J Surg* 254: 116711. <https://doi.org/10.1016/j.amjsurg.2025.116711>.
- Gerhold, C., P. Kravchuk, R. Shah, and L.K. Cannada. 2025. "The Perfect Orthopedic Surgery Applicant?: Exploring Trends in the National Resident Matching Program 'Charting Outcomes in the Match' Reports." *Journal of Surgical Education* 82 (9): 103616. <https://doi.org/10.1016/j.jsurg.2025.103616>.
- Gottlieb, A. S., and E. L. Travis. 2018. "Rationale and Models for Career Advancement Sponsorship in Academic Medicine: The Time Is Here; the Time Is Now." *Acad Med* 93 (11): 1620–23. <https://doi.org/10.1097/ACM.0000000000002342>.
- Hart, R. A., A. E. M. Eltorai, K. Yanney, J. L. Marsh, M. K. Mulcahey, and A. H. Daniels. 2020. "Update on Mentorship in Orthopaedic Resident Education: A Report from the American Orthopaedic Association." *JBJS* 102 (5): e20. <https://doi.org/10.2106/JBJS.18.00697>.
- Miller, E. M., C. L. Goldstein, S. Tintle, B. Ravi, M. V. Hogan, and B. R. Waterman. 2021. "Current Resident and Faculty Mentorship Satisfaction and Important Mentee Functions in Orthopedic Surgery: An American Orthopaedic Association North American Traveling Fellowship Project." *J Surg Educ* 78 (5): 1735–54. <https://doi.org/10.1016/j.jsurg.2021.01.018>.
- "Networking Courses | Harvard University." n.d. Accessed May 7, 2026. <https://pll.harvard.edu/subject/networking>.
- NRMP. 2025. "Results and Data: 2025 Main Residency Match." May 29. <https://www.nrmp.org/match-data/2025/05/results-and-data-2025-main-residency-match/>.
- Sambunjak, D., S.E. Straus, and A. Marusić. 2006. "Mentoring in Academic Medicine: A Systematic Review." *JAMA* 296 (9): 1103–15. <https://doi.org/10.1001/jama.296.9.1103>.