

MESSAGE FROM THE PRESIDENT

Communication and perceptions

The Orthopaedic Surgeons' Group was founded in 1942, and in 1952 was renamed the South African Orthopaedic Association (SAOA). The objectives of this association included the advancement of the science and art of orthopaedic surgery, and the protection of its members' interests. Times have changed and today membership has grown from the five founding surgeons to just over 550 members. What hasn't changed though, is the objectives of the SAOA. If we as the Exco don't fulfil this purpose, we will fail our members and the history of the SAOA.

I've just started reading an interesting book, *Surgery, the Ultimate Placebo*. In the first chapter the author mentions that people ignore evidence because of their perceptions and continue to act on their traditional beliefs. I've realised early in my term that we will have to work hard to overcome the negative perceptions that exist among some of our members, especially the perception that we are not doing anything for them. Another complaint that has surfaced on a few occasions is that we only care about the private sector and neglect the public sector. There are more, and I admit they might not all be based only on perceptions.

We as the SAOA need to realise there is a reason these perceptions exist and need addressing. It doesn't help if we shift mountains serving our members and improving membership value but don't effectively communicate to our members what we're doing. This sounds like a very simple solution – just communicate more! That entails sending e-bulletins, attending small group meetings, addressing delegates at congresses, contributing to journals, having road shows and so forth, things we are currently doing. After 32 years in medicine and consulting thousands of patients, I've come to realise that one of people's biggest shortcomings is the ability to really listen. In 2017 the communication technique of choice is undoubtedly through the electronic medium, but herein lies the problem – for communication to occur, the recipient must open the mail and read it. I understand that orthopaedic surgeons are busy people as I am also one, and that they prioritise what they read, but we still need to push the button and participate in the communication. In other words, communication remains a two-way street.

So, am I, and the Exco, fulfilling the purpose of why the SAOA came into existence in the first place in 1942? Since the start of my term as President, many members have told me we are not doing enough for them. To answer the question, it is important to realise that all of us serving on the Exco are practicing orthopaedic surgeons just like our members, with a realistic spread between the public and the private sector. We share the same concerns, fears, goals as the members. I can dedicate the rest of this message to explain what we are doing for our members, but I've done that on numerous occasions and I'm not convinced that it will necessarily change the negative perceptions.

To allow us to break some of the perceptions that still exist, it is important for us to listen to our members, where necessary act on their input, and then inform them what we are doing. My normal reply when a member confronts me at a meeting with the above criticism is 'What did you think of my standpoint and the facts I gave with the last letter and the ones before that?' The response immediately tells me if he disagrees with us, or if there's a break in communication that I need to address. We need to improve where we are not doing enough. That is where two-way communication can play a huge part. Send a mail, complain, advise, discuss, support. An organisation like the SAOA cannot fulfil its purpose if it doesn't get input and feedback from members, and the members are still the reason for its existence.

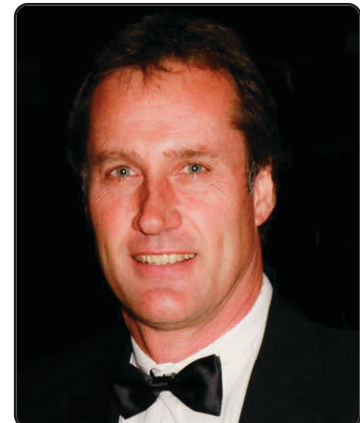
To improve the communication with our members we are, among other things, revamping our website. The necessary communications and all the updated information needed by members should be easily available on the site. I will continue to communicate current information to members via the e-bulletin and the Bulletin. In addition, and importantly, myself and the members of Exco will be available for personal communication, whether at small group meetings, congresses or in the hospital corridor. I see the future appointment of a CEO as a huge step forward, not only because it will enable us to run the association in a more effective way, but also because it will improve communication, bring some continuity to the running of the association and free up the hands of the President to concentrate on what he's been elected for.

A good leader should acknowledge the fact that they make mistakes, and should not be deterred by those mistakes from reaching their goals. If I don't reach all our goals the way I should and want to, it would definitely not be because of a lack of trying. I accepted the position as President because I believed in the cause, objectives, honesty and purpose of the Exco to serve its members and ultimately the patient.

I believe that we as Exco are fulfilling the objectives and the reason for the existence of the SAOA.

References

1. *Orthopaedic Surgery in South Africa* – Brookes Heywood and Jos van Niekerk
2. *Surgery, the Ultimate Placebo* – Ian Harris
3. SAOA Website



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