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AΩA announces 2017 Fellows in Leadership



The 2017 AΩA Fellows in Leadership attended an orientation session July 9 - 13 in Denver, Colorado. They were joined by program leaders and their institutional mentors. Front row, from left, Dee Martinez, AΩA Chief of Staff; Richard L. Bynny, MD, FACP, AΩA Executive Director; Eve Higginbotham, SM, MD, AΩA Fellow in Leadership Program Chair; Joe Stubbs, MD, MACP, President AΩA Board of Directors; Diane Magrane, MD, Fellow in Leadership Program Faculty; Jonathan Fish, MD, 2017 Fellow; Timothy Lucas, MD, PhD, 2017 Fellow; Michele Manahan, MD, 2017 Fellow. Back row, from left, Alan Robinson, MD, Fellow in Leadership Program Faculty; Kathi Becker, Fellow in Leadership Program Staff; Charles Schleien, MD, MBA, Institutional Mentor to Dr. Fish; Wiley Souba, MD, Fellow in Leadership Program Faculty; M. Sean Grady, Institutional Mentor to Dr. Lucas; John Tooker, MD, Fellow in Leadership Program Faculty.

Alpha Omega Alpha Honor Medical Society recently announced its 2017 Fellows in Leadership. This year's recipients are:

Jonathan Fish, MD (AΩA, SUNY Upstate Medical University College of Medicine, 1999), Pediatric Hematology/Oncology, Hofstra Northwell School of Medicine and the Steven and Alexandra Cohen Children's Medical Center of New York

Timothy Lucas, MD, PhD (AΩA, University of Florida, 2000), Neurosurgery, Surgical Director of the Penn Epilepsy Center, Director of the Penn Laser Neurosurgery Center, and Director of the Neurosurgery Gene Therapy Program, University of Pennsylvania

Michele Manahan, MD (AΩA, Johns Hopkins University, 2001), Plastic Surgeon, Director of Patient Safety, Department of Plastic and Reconstructive Surgery, and Associate Professor of Plastic and Reconstructive Surgery, Johns Hopkins Medicine

Leadership in medicine, medical education, and health care is more complex in the 21st century than ever before. The medical profession and the country are in need of leadership that is inspiring, insightful, engaging, and humble—leadership that both understands and represents the needs of patients, physicians, medical educators, and trainees.

Because of their unique knowledge of the practice of medicine and understanding of medicine's core professional values, physicians are ideally suited to serve as leaders in this period of change.

The AΩA Fellow in Leadership recognizes and supports the development of outstanding mid-career physician leaders. Fellows spend one year honing their leadership skills and expanding their knowledge base in the areas of:

Leading from within—Creating access to a broader range of ways of being, thinking, and acting to become more effective in dealing with the challenges for which the usual solutions are inadequate. Unlike most existing programs that teach leadership by imparting someone else’s knowledge (a third-person approach), this Fellowship emphasizes creating leaders using a first-person “as-lived/lived-through” methodology. In working with Fellows to “unpack” their hidden beliefs and frames of reference, new contexts will emerge that give them more space and more degrees of freedom to lead effectively as their natural self-expression.

Servant Leadership—Based on specific core values, ideals, and ethics, effective, sustainable, and excellent leadership is based on core professional and personal values and a commitment to servant leadership.

The five essential components of the AΩA Fellow in Leadership Award are:

1. Self-examination, the “inward journey,” leading from within;
2. A structured curriculum focused on topics related to leadership, including an understanding of the relationship between leadership and management;
3. Mentors and mentoring;
4. Experiential learning to broaden the perspective and understanding of leadership as it relates to medicine and health care; and
5. Team-based learning and developing communities of practice.

Recipients will receive a \$25,000 award to be used for further development of their leadership skills through a specific year-long project. The award may not be used for salary support for either the Fellow or institutional mentors. The award may be used for attendance at a leadership development course or resources related to the Fellow’s project or other expenses related to leadership development approved by AΩA.



Jonathan Fish, MD

Dr. Fish graduated *magna cum laude* from the State University of New York Upstate Medical University College of Medicine and was elected to Alpha Omega Alpha in his junior year.

He completed a residency in pediatrics at the Schneider Children’s Hospital at Long Island Jewish Medical Center where he served as

Chief Resident.

Dr. Fish completed fellowship training in Pediatric Hematology/Oncology at the Children’s Hospital of Philadelphia (CHOP). For one year following his fellowship he served as an Instructor at CHOP, where he received the Young Investigator Award from the American Society of Pediatric Hematology/Oncology.

Dr. Fish joined the faculty of the Hofstra Northwell School of Medicine and the Steven and Alexandra Cohen Children’s Medical Center (CCMC) of New York in 2008, where he founded the Survivors Facing Forward (SURFF) program, a long-term follow-up program for survivors of childhood cancer. SURFF provides care for nearly 600 survivors, and has served as a foundation for multiple research projects, publications, grants and awards.

Project: Developing Critical Incident Stress Management (CISM) for Pediatric Oncology

Emotional and psychological stress are common among hospital personnel as they experience trauma through the illness and death of the patients they care for. Caring for sick and dying children adds another layer of stress, as it is not just the illnesses of the patients themselves that lead to trauma to the health care personnel, but the effect of the illness on the parents and family of the children as well. Despite the high frequency of these critical incidents, hospitals rarely have formal systems in place to assist the staff in managing the stress of these events.

The care of children with cancer entails a wide-based team approach that includes close integration with physicians, nurses, social workers, child life specialists and others. Each of these group members develop close relationships with the children they care for, and their families. These relationships can continue over an extended period of time—years or even decades. While the overall survival for children with cancer is now more than 80 percent,

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approximately one in five children with cancer die. When a child dies, it has an impact across the pediatric oncology health care worker spectrum—it is a critical incident.

My project is the development of a CISM approach to provide support for the pediatric oncology program at CCMC, with the ability to be scaled up to include other divisions within the children's hospital that experience critical incidents, and across the Northwell Health System.



**Timothy Lucas,
MD, PhD**

Dr. Lucas is a board-certified surgeon-scientist at the University of Pennsylvania. He divides his time between his clinical practice and his engineering lab, the Translational Neuromodulation Lab.

His research efforts focus on developing implantable brain computer interface de-

vices to restore bi-directional communication between the body and brain following paralysis. His research has been supported by NIH, NSF, DoD, foundations and corporate partnerships.

Project: How American Health Care Systems Value Scholarly Productivity in a Climate of Progressive Health Care Commodification

Health spending has risen at an unsustainable rate as a percentage of gross domestic product. This uniquely American problem is fed, in part, by health care commodification. Health care commodification places specific value on each service, and allows market actors to influence that value. While enabling reimbursements for services rendered by physicians, commodification inadvertently creates perverse incentives when operationalized. Commodification also devalues activities performed by academic physicians that do not directly generate revenue—such as education and research. Consequently, competing interests develop at the intersection of the academic medical school with a mission of education and research, and the health care system with a mission of maintaining profitability. Academic physicians live in this intersection.

This project will assist physician leaders to advance their interests thereby ensuring proper valuation of scholarly effort.



Michele Manahan, MD

Dr. Manahan attended Harvard University and graduated in three years, obtaining *summa cum laude* honors. She was also elected to the Phi Beta Kappa Society, and Alpha Omega Honor Medical Society. Dr. Manahan earned her medical degree from Johns Hopkins University School of Medicine, and completed

a combined plastic surgery residency at Johns Hopkins/University of Maryland.

She serves in national leadership positions in medical organizations including the American Society of Plastic Surgeons, and state leadership positions in medical organizations such as MedChi. She has served as Speaker in the Maryland State Medical Association House of Delegates. She is a member of the Baltimore City Medical Board of Trustees.

Her passion is patient care. She is dedicated to providing the highest levels of plastic surgery techniques, including microvascular and other breast reconstruction with oncoplastic techniques and aesthetics.

Dr. Manahan is actively researching operative methods to maximize results and minimize complications. She has published multiple book chapters and scientific papers in national peer-reviewed journals.

She performs all aspects of plastic surgery with a special focus on the unification of cosmetic and reconstructive surgery of the breast.

Project: Creating A Patient-Centric Practice Community

Breast cancer is extremely common, and treatment frequently involves intensive surgical and adjuvant therapies. With prolonged chronologies that change the appearance of the native breast and chest wall, the impact on mental and physical health and quality of life, risks dehumanization of the person, making them simply the next patient.

This proposal uses the breast cancer treatment/reconstruction population to pilot an integrated, multidisciplinary, patient-centric, experiential care model of a practice community, and tracks outcomes aligned with national initiatives to assess quality based on identified areas of need.

