

AΩA Fellows in Leadership: The next generation of physician leaders

Leadership in medicine, medical education, and health care is more complex in the 21st century than ever before. Escalating costs, accessibility, less than ideal outcomes, and commercialization challenges have contributed to an unprecedented level of uncertainty in medicine.

The medical profession and the country are in need of leadership that is inspiring, insightful, engaging, and humble—leadership that understands and represents the needs of patients, physicians, medical educators, and trainees.

Encouraging the development of leaders in the community and academia has been, and continues to be, a core AΩA value, and an essential part of the organization's mission.

The Richard L. Bynny Fellow in Leadership program recognizes and supports the development of outstanding physicians through the tenets of the Inward Journey; upholding AΩA's values and mission; and a commitment to servant leadership.

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

1. Self-examination through the Inward Journey (learning to lead oneself before leading others);
2. A structured curriculum focused on leadership, and 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. Developing communities of practice.

Nominations for the Fellowship are made by the senior executive of a medical school, hospital, or health care organization, who agrees to serve as a mentor for the Fellow. The nominating organization and Fellow designate at least one additional mentor who supports the completion of an experiential leadership project, serves as a role model, offers advice as needed, and connects the Fellow with key individuals in leadership positions.

These relationships, and leadership opportunities and experiences, are ongoing throughout, and after, the Fellowship year.

Fellows receive a \$30,000 award for further leadership development and project funding.

The most recent graduates of AΩA Fellows in Leadership program—Nasia Safdar, MD, PhD, MBA (AΩA, University of Wisconsin School of Medicine and Public Health, 2021, Faculty), Chad R. Stickrath, MD, FACP (AΩA, University of Colorado School of Medicine, 2016, Faculty), and Chad Vercio, MD (AΩA, Loma Linda University School of Medicine, 2022, Faculty)—were selected for their diverse backgrounds, career performance and success, leadership experience, mentor support, and each one's leadership project.

The Fellows successfully completed their year of leadership development and have joined the growing AΩA Fellows in Leadership Community of Practice.

Nasia Safdar, MD, PhD, MBA



Dr. Safdar is Professor of Infectious Diseases, the Associate Chief of Staff for Research at the William S. Middleton VA Hospital, and the Associate Dean for Clinical Trials at the University of Wisconsin School of Medicine and Public Health.

The AΩA Fellowship came at a critical juncture in my academic journey. Having just emerged from the rubble of the COVID-19 pandemic where I led the health system preparedness and infection prevention department at the University of Wisconsin-Madison, I was honored to be appointed the Associate Dean for Clinical Trials at the Medical School. While I had led many trials as a principal investigator (PI) in infectious diseases, the scope and scale of this new role seemed daunting. I had been fortunate to have attended several leadership trainings along the course of my career development, but the AΩA opportunity seemed distinct in that there were funds available for professional development, and a major focus was on the inward journey for self-discovery and reflection.

As I made inquiries, it turned out that no one from the University of Wisconsin had applied to this program, and so, with considerable trepidation and with the support of the Dean, the CEO of the health system, my division head in infectious diseases, and our AΩA Chapter Councilor, I put together a project idea, a mentoring plan, and a self-development plan. Writing the application helped to crystallize my thoughts, identify gaps, and seek pathways for new learning.

Being accepted into the Fellowship came at a very opportune time; I, along with my dyad partner, had been tasked to grow the breadth and depth of the University of Wisconsin's clinical trials portfolio, unearth opportunities for efficiencies in space, inspire PIs to lead clinical trials, and to adopt systems to facilitate the operations of clinical trials.

Physicians are good at identifying technical gaps and the pathways to close them. We go from acquiring one technical skill after another with relative ease, devouring curricula as presented, accumulating along the way the distinctions and trappings of badges of success in academic medicine. We are used to working hard in pursuit of our goals. My initial thinking was along this line. I used some of the Fellowship funds to complete an executive MBA in health care administration. This provided me technical know-how on the finances, the systems, the organizations, the dynamics and inner workings of health care institutions. However, without the AQA focus on the Inward Journey, that is all I would have gained.

What was truly transformational and significant are the lessons learned from the Inward Journey curriculum of the AQA Fellowship led by Wiley (Chip) Souba, MD, DSc, MBA (AQA, University of Texas Medical School at Houston, 1978), which asks one to conduct an inner audit, undertake the work of self reflection, and seek answers to questions such as “how are we showing up for others? What do we care about deeply that matters? and what makes us come alive in our work?”

These are not easy questions and we were under no illusions that the work of self-discovery and self-examination would be anything other than hard yet important work. As I continue the process of self-discovery, the following are the questions I use to guide my thinking and actions.

What is holding you back?

When I first took on this new position, one of my mentors gave me a very valuable insight—in order to move forward you have to let go. Let go of old thinking, old beliefs, old baggage that may be getting in your way. Confronting and rewriting old limiting beliefs and stories to re-examine and to reframe situations has been a very practical and useful skill and allowed me to move forward with excitement and courage rather than reacting solely to circumstances around me. It also taught me that limiting beliefs are damaging because they absolve you of all responsibility to do the work. If one views oneself as a

victim, it takes away all sense of agency and empowerment.

My project required me to create new structures and new systems to meet the University's needs for clinical trials; not all could proceed due to budget or other constraints and some ideas died on the vine. But, making a commitment to learn from these missteps have helped me to embrace mistakes as learning opportunities.

How does one co-exist with the inner critic?

Imposter syndrome is not unusual in academic medicine, but often goes underrecognized and unaddressed. There are a thousand ways your inner critic will try to sabotage you, and learning to manage your inner voice and rechannel it to take action is critical.

For my project, I had to help set up a trials review committee to assess feasibility of conducting certain trials in our health system. It was a new process and was met by skepticism, including from my inner critic. Challenging those negative thoughts and refuting them with evidence helped me to take the first step toward setting aside my old thinking and move forward with the new process. We now have a stable clinical trials review process, which has helped me get a much better understanding of the scope of clinical trials in our organization and what resources might be needed to grow.

How do we show up for others?

As I was navigating and building new relationships in my new role, figuring out “my lane” and learning the institutional and organizational dynamics in this new space, this question really resonated with me. Adding value to others by giving them your undivided attention and being present in the moment is key to building long lasting relationships. This may seem self-evident, but it is rarely practiced well, and I certainly had a great deal of unlearning to do unfreeze entrenched behaviors.

What makes us come alive?

Answering this question has been the most important thing to help me create a vision, mission and leadership statement for my work. I care deeply about the potential of research to improve the human condition in all its forms, but until the AQA Fellowship, I had not put in the work to think carefully about it, articulate it, and put in on paper. Despite the day-to-day work that threatens to consume our time, checking in frequently with our values and making sure our actions are

consistent with those values is an important step I have now built into my work and personal life.

Language is the currency of leadership

The words we use, and how we use them, matter more than we think. Displaying curiosity, considering other perspectives, and being open to other's interpretations is very liberating. A leader does not need to know all the answers.

I use these lessons daily in my work and they have kept me from tripping over myself. The leadership journey in academic medicine is often exciting, rewarding, and can also be turbulent and challenging. I believe the most critical factors that will see you through good times and bad include a clear understanding of, and commitment to, your vision, curiosity toward a relentless pursuit of learning, and adding value to the lives of others.

The application of these lessons is helping to make me a better leader, hopefully one that listens closely, replies thoughtfully, and acts with accountability and integrity. That is a gift that I intend to pay forward as frequently as I can.

It is not the mountain we conquer but ourselves.

—Sir Edmund Hillary¹

Acknowledgments

With deep gratitude to my AΩA mentors, Dr. Souba and Dr. Jennifer Hagen (AΩA, University of Nevada, Reno School of Medicine, 1998 Resident) for their thoughtfulness and generosity; my institutional mentors Dr. Robert Golden and Dr. Alan Kaplan for their support, insights, and guidance, my co-fellows, Dr. Chad Stickrath (AΩA, University of Colorado School of Medicine, 2016, Faculty) and Dr. Chad Vercio (AΩA, Loma Linda University School of Medicine, 2022, Faculty) for all the troubleshooting and to Dr. Byyny for being an exemplar for us all.

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We need physician leadership (duh)...

Just because you're a physician doesn't mean you are or should be, a "physician leader."

—Jeff Gorke¹

The benefits of effective physician leadership are increasingly being described in the literature and include improvements in health care quality measures,² patient experiences,³ higher job satisfaction and lower burnout among supervised physicians,⁴ and improvements in the well-being of physician leaders.⁵ In addition, many have argued that whether physicians have official leadership positions, or not, leadership and management skills are "essential components of every physician's career."⁶

However, few medical schools and residencies have traditionally dedicated significant time to helping learners develop these skills.⁶ Recently, some training programs and physician organizations like Alpha Omega Alpha Honor Medical Society have stepped up to address the need to develop more effective physician leaders.

Fortunately, while I was helping to lead a team to integrate leadership development into the medical student curriculum at the University of Colorado School of Medicine (CUSOM), I also had the opportunity to complete the AΩA Leadership Fellowship. The Fellowship afforded me great personal growth as a leader, and has influenced the University's approach to leadership development for our students.

Applying for the Fellowship

I was working with Dr. Jay MacGregor (AΩA, University of North Dakota School of Medicine and Health Sciences, 2010, Resident), and former AΩA Fellow, to integrate leadership development for medical students at the University of Colorado. He spoke frequently about how impactful and transformative the AΩA Fellowship was for him personally, and professionally, and about how many of the concepts could be applied to emerging leaders of all levels. While I had served in numerous leadership roles and attended short leadership

development experiences, I was attracted to some of the unique concepts that were taught, the ability to tailor much of the experience/curriculum based on my interests and needs, and the ability to join a community of practice of leadership Fellows.

A unique leadership development experience

Both the structure and content of the Fellowship are distinctive. The Fellowship accepts a very small cohort of fellows each year (traditionally three) and surrounds them with a group of dedicated, thoughtful, and accomplished faculty. Fellows each complete a leadership project with the guidance of AΩA faculty and liaisons, institutional mentors, and former Fellows.

Fellows complete common curricular content, and then construct and complete their own individualized curriculum with support from the AΩA Faculty. The recognition that Fellows each have unique development needs, and support for each to complete their own individualized curricular components enhances the relevancy and applicability of the learning for each Fellow. It also allows Fellows to teach each other about unique content and concepts to broaden everyone's experience. I was able to complete coursework in Design Thinking, Delivering Effective Presentations, and Management Essentials that aligned with my personal interests and leadership journey.

Beyond the Fellowship structure, we were introduced to a variety of unique concepts in the core curriculum, which challenged my conceptions of leadership and how to become more effective.

Unique concepts

The Fellowship emphasizes being-based leadership and the Inward Journey as foundational for effective leadership. The prevailing leadership paradigm says that knowledge about leadership is the source of effective leadership. Leadership development in this model is focused on helping budding leaders know more about leadership. However, the AΩA Fellowship is based on an emerging leadership paradigm,⁷ which proposes that effective leadership is grounded in the leader's way of being, and leadership development is focused on helping leaders tackle narratives that limit their ways of being a leader.

In the Fellowship, we were led on an Inward Journey to discover the inner narratives, values, and lenses that shape how the world occurs for us, and how we are showing up as leaders. For me, it was especially

impactful to realize how my own inner critic, or unspoken conversation in my mind, undermined my confidence as a leader and distracted me from being fully present in the moment. In addition, I was forced to come face-to-face with my own "rackets," or knee-jerk reactions to certain triggers that generated near automatic behaviors/responses, which inhibited me from generating a more thoughtful response to a given situation.

Using the Inward Journey to become more aware of a variety of narratives and reactions that constrained me from being the most thoughtful, curious leader possible has truly been transformative in how I show up as a leader. Although my Fellowship has concluded, these lessons, and my Inward Journey, continue to be applicable every day.

An experiential leadership project

My project was to lead a team of faculty, students, and staff to fully develop and implement a leadership curriculum for our medical students at the CUSOM. Just as the Fellowship provides a core, and a more personalized component to its curriculum, we designed our medical student leadership curriculum to have common elements for all students as well as a more personalized component.

For the personalized component, students match into one of five options, or contexts called Trails, (Bioethics & Humanities, Health Systems and Community Leadership, Medical Education, One Health, or Research) to deepen their leadership and context-specific skills, and apply their learning in a customized manner within each Trail. The Trails have launched to positive feedback from the students.

Medicine needs more effective physician leaders and I believe most physicians can benefit from some type of leadership training. The AΩA Fellowship has been transformative for my personal leadership journey through its content, approach to leadership, and personal development, and the individual support of its faculty, mentors, and Fellows. In addition, it provides important insights and considerations in efforts to build leadership development into training programs.

Acknowledgments

With appreciation to Alpha Omega Alpha Honor Medical Society for addressing the need to train physician leaders with the Fellowship, to the amazing Fellowship faculty, to my mentors Drs. Shanta Zimmer, (AΩA, Emory University School of Medicine, 2000,

Resident), Jay MacGregor, Steven Wartman (AQA, The Johns Hopkins University School of Medicine, 1970), and David Hirsh, and to my co-fellows Drs. Chad Vercio (AQA, Loma Linda University School of Medicine 2022, Faculty) and Nasia Safdar (AQA, University of Wisconsin School of Medicine and Public Health 2021, Faculty).

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All learning involves disruption.

—Diane Magrane¹

The AQA Fellowship was one of the most formative experiences I have had in my career thus far. I have had the privilege to attend many educational conferences through my positions as an associate clerkship director, associate program director, and division chief and have enjoyed and learned from sessions in each of them. However, the curriculum and engagement of the AQA faculty and former Fellows made the

AQA Fellowship one of the most enjoyable and critical learning experiences in my development as a leader. The quote from Diane Magrane, MD (AQA, Drexel University College of Medicine, 2017, Faculty) was something she shared at our fellowship orientation and shaped my experience and reflection throughout the program. Her mentorship sustained me, and provided a strong foundation for many of the experiences and insights learned during the Fellowship year.

My project intended to provide residents who serve on the Loma Linda Residency Program Evaluation Committee with ways to broaden their perspectives and provide them with skills to serve on the committee more effectively.

Challenges have been growing in medical education over the last 10 years with evolving trainee expectations and the weight governing bodies place on data to reveal trainee satisfaction. Residency programs have had difficulty adapting to both of these expectations with resident requests for changes in institutional work standards, even those that do not violate Accreditation Council for Graduate Medical Education duty hours.

I encountered disruption early on in the orientation. The other fellows and I were meeting with Dr. Magrane to review our projects, practice a brief pitch with a specific ask, and then use this to present to the faculty. She suggested I needed to revise my project in the wrap-up of this discussion about five minutes before we were going in to present our projects.

Each fellow had been told that their project would likely evolve or change completely during the orientation, but I was still caught off guard. The feedback put me completely off kilter with no clear idea of what I was supposed to go in and present to the faculty. I fumbled through an explanation and ultimately explained I would need their guidance as I worked to select a new project, all while questioning, “what on earth am I doing?!!! Do I have the intelligence, wit, wisdom, ability to keep going and develop, let alone finish a project?”

The faculty were incredibly gracious, gently helping me to continue to work toward a project that would be valuable for my growth as well as the residents I intended to involve in my project. The subsequent portions of the orientation provided by Wiley “Chip” Souba, MD, and Kathi Becker that focused on the Inward Journey provided additional foundation to reflect on myself and disruptions that might need to occur for me as I progress as a leader.

I have continually reflected on Dr. Magrane’s quote and what it may mean. Our earliest learning involves

disruptions to our environment with a continually evolving sense of self in relationship with one's parents. Building on trust, disruptions of trust, and discovering how we may, or may not, develop a sense of belonging within a family. Then we progress to school where we experience disruptions of learning primarily around facts, developing logic, and at times communicating with other children and adults. Our sense of self begins to solidify through grade school and becomes more and more entrenched through high school and college.

This type of learning continues all the way through medical school—although in medical school we are also exposed to the dimensions of professionalism which are foundational to being a physician. For some, this involves disruptions in their expectations around their freedom, work-life balance, and grappling with the sense of self that medicine can expose. There are also more opportunities to reflect on feedback for areas of improvement about knowledge, skills, and attitudes in areas like communication and work ethic.

Then we progress to residency with a firmer sense of identity in the field we are pursuing, and likely more knowledge, skills, and alignment with our day-to-day tasks in medicine. Those who distinguish themselves along this journey are often recruited to become faculty. If they had excelled along this pathway there may not have been many disruptions to their thought process about their identity, where this is drawn from, what to do when others have different views, and how to communicate, inspire, and develop accountability.

The farther we go along the leadership journey the more opportunities there are for disruptions to sense of self, one's abilities, and from where one draws purpose and meaning. There have been many of these opportunities for me during and following my fellowship, and Dr. Magrane's statement has become a mantra for me.

There were, of course, challenges with developing the curriculum for my project which ended up including residents beyond those who serve on the Program Evaluation Committee. Kathi Becker and Susan Lane, MD (AQA, Renaissance School of Medicine at Stony Brook University, 2011, Faculty) served as my faculty liaisons and were immensely helpful in anticipating and navigating the different perspectives that residents might bring to a series of workshops.

During my Fellowship year, the position of Division Chief of General Pediatrics, Med-Peds and Hospitalists opened up at Loma Linda. This was due to the advancement of Dr. Aleca Clark (AQA, Albany Medical College

1999), a former Fellow, to the role of Chief Medical Officer at Riverside University Health System. The division is more than 80 faculty, and provides services in a broad array of settings and several health systems.

I applied and was selected for the position in the middle of my Fellowship and this new position has come with a steep learning curve. The challenges are the perennial issues leaders deal with in academic centers, including trying to retain faculty with disparities between academic and community salaries, scarcity of resources, and balancing different needs within a division/department. Combine these challenges with people who have different perspectives on how their work should be accomplished, and these disruptions can paralyze leaders. I have definitely felt a pull toward paralysis or retreat at times. However, remembering that learning involves disruption has helped me in moving past the potential of paralysis toward adaptation.

Dr. Souba and Ms. Becker introduced the foundation of leadership as authenticity, awareness, integrity, and commitment, and this has provided me with concrete ways to reflect on my interactions with those I lead. The adaptation I have aimed at, and the reflections I have engaged in, have revolved around deepening the authenticity with which I interact with faculty, and improving my awareness around how I might be perceived. I proceed fully committed to the entire division's aims, and acting with integrity at all times.

My work isn't easy, but the Fellowship has allowed me to do the work in a way that otherwise would not have been possible. I now have more freedom to be disrupted, consider new pathways, and keep going with a resilience I did not previously have.

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