ΑΩΑ Fellows in Leadership complete program and are prepared to serve

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

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

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

The ΑΩΑ Fellow in Leadership recognizes and supports the further development of outstanding physician leaders through the tenets of leading from within; upholding ΑΩΑ's values and mission; and a commitment to servant leadership.

The five essential components of the ΑΩΑ Fellow in Leadership are:

1. Self-examination through the inward journey;
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. Team-based learning, and developing communities of practice.

Nominations for the ΑΩΑ Fellow in Leadership 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 a 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.

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

This group of ΑΩΑ Fellows in Leadership program—Deborah Dewaay, MD (ΑΩΑ, Medical University of South Carolina, 2011), Jeffrey C. McClean, MD (ΑΩΑ, Uniformed Services University, 2009), and Roy E. Strowd, III, MD, Med, MS (ΑΩΑ, Wake Forest School of Medicine, 2008)—was selected for diverse backgrounds, career performance and success, leadership experience, mentor support, and proposed leadership project.

The Fellows have successfully completed their year of leadership development and join the growing ΑΩΑ Fellows in Leadership Community of Practice. They presented the findings, outcomes, and lessons learned from their projects to the ΑΩΑ Board of Directors during the October 3, 2020 annual meeting.

A journey of personal and professional development

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I arrived at the orientation week of the Alpha Omega Alpha Leadership Fellowship by all external accounts a highly successful physician leader. I had a job I loved as the Associate Dean for Undergraduate Medical Education, and a hospitalist. I was married for 19 years and had two happy, healthy children. I knew I was successful because I had devoted my entire life to others. I had grand plans for the year to develop a leadership curriculum for our fourth-year medical school students in our Core MD program at the University of South Florida Morsani College of Medicine. The entire year was going to be about becoming a better leader so that I could continue my service to others.

Looking back, I can now see how much I had embraced a scarcity mentality. There was only so much time, resources and energy, and I took pride in giving it all away. During that week I took copious notes trying to drink in all of the advice from the legends in the room. I was in awe trying to figure out how I deserved to be there.

During our session with some of the past fellows, they told us that one of their regrets was that they focused more on their projects than they did their personal development. That struck a chord with me. On the plane ride home, I began to wonder what the impact on my project would be if I worked on myself first, and the project second. Was success really a zero-sum game?

I started the medical school year as usual, I welcomed the first-year students, emphasizing resilience and

maintaining self-care. I told the students that this is training for the marathon of residency.

As I advised them to exercise, eat right, and pace themselves, my hypocrisy felt like a weight around my neck. How could I stand in front of them 40 pounds overweight, not having exercised in three years, exhausted and wearing my burnout like a badge of honor? I became acutely aware that I was preaching a message that I was not exemplifying. My brain kept going back to all of the reasons why I was incapable of change.

I decided I needed some help retraining my brain, so I found a personal coach. A friend recommended this particular coach, as she specializes in working with women physicians who need to lose weight. It was mid-Fall of 2019, and at work we were preparing to move to a new building, and developing all of the curricular reforms to go with it. I was working on my AΩA Fellowship project, and my Executive Leadership in Academic Medicine project. It was what I thought was the busiest I would ever be (remember 2020 hadn't happened yet) and I was taking on this coaching program, which also required a great amount of time.

I was confident that I would accomplish my projects, as I always do, and I was pretty sure I would be 10 pounds heavier afterward. However, beliefs are thoughts we mistake for facts, so I decided to question my beliefs. I decided that I was going all in on the coaching, and see what happened.

As 2020 started, we were unpacking, adjusting to our new space, and dealing with all of the issues that come with new construction. I was in awe of how productive I had become. I had dropped 15 pounds; was working out twice a week; only ate flour and sugar occasionally; was sleeping at least seven hours a night for the first time in years; doing my coaching work and keeping on top of my other work. As I reflected back, I realized how my fog of exhaustion and burnout had made me ineffective and inefficient. I can't believe how much I accomplished in that dysfunctional state.

The most important change was my view of my circumstances. I began to understand how the hundreds of small decisions I was making everyday compounded to create the experience of my life. I moved from being a victim to those circumstances to an active participant in shaping how I viewed them.

Words matter

I learned that daily language demonstrates how we give others the power to shape our experiences. We teach small children not to "hurt other people's feelings;" or, we say, "he offended me." When I came to understand that my feelings were not hurt by others, but the results of thoughts I had about what the other person had said, I found freedom.

I am not saying that words don't have power, or that we should not think about the impact on others when we speak. What I am saying is that I cannot control what you say, but I can control what I think about it and how I react.

This is not a new concept. Marcus Aurelius said, "Choose not to be harmed—and you won't feel harmed. Don't feel harmed—and you haven't been."

As a result, when I had negative emotions, I began to dissect them and work through them. My goal was not to get rid of my negative emotions—my goal was to not be a victim to the feelings. I learned to work on changing the thoughts that led to the feeling when they didn't serve me, use them effectively when they did, and practice just feeling them.

It's a pandemic

Then COVID-19 hit. As we scrambled to move 750 students to online learning, my new way of thinking was tested at a new level. The understandable panic within the three mission areas was palpable. I vividly remember sitting in my home office reading the same e-mail from the Dr-Ed listserv for the fifth time, not because I was re-reading it willingly, but because I had four people forward it to me saying it was a good idea.

COVID-19 wasn't optional, but my thoughts about my circumstances were. I remembered that I am a problem solver, and that gave me strength. My team was amazing, creative, and tireless.

I tried to focus on simplifying. There were way too many options, ideas, and e-mails. I realized that we needed to pick a path and follow it. Were there better ideas? Maybe. But, I felt paralysis by analysis was far more dangerous.

Our team created a plan and moved forward. Within six weeks, we had moved the first- and second-years to all online. The clinical students were also moved to online courses. We had more than 350 hours of standardized patient online encounters, and executed the comprehensive clinical practice exam for our third-years virtually. The 2020 class all graduated on time, never having to set foot back on campus thanks to the virtual clinical experiences.

Our 2021 class and 2022 class, despite disrupted schedules, are back on track. Even with all of the testing center cancellations, we had our best step 1 scores and pass rate to date.

Another overwhelming challenge

At the end of May, with the killing of George Floyd, my new framework was challenged again. This time, as I found myself angry and overwhelmed with his death, I felt paralyzed to do anything. The problem of systemic racism in this country seemed too big and too deep on a normal day, but coupled with COVID-19 pandemic, it felt impossible.

There was a nagging thought, that I was using old habits to process these events. I was succumbing to the indulgent emotions of being confused and overwhelmed. The indulgent emotions were giving me an excuse to do nothing, rather than tackling the problem.

Several days later a dear friend who is a Black physician, said to me, "Deb, I am really hurting. My Black colleagues are really hurting, and no one sees it. We are not okay."

My friend's pain broke through my complacency. As I reflected on our fast and effective response to COVID-19, I felt a new conviction. I had always believed curricular change was slow. What I learned from COVID-19 was that when we are motivated we are able to move quickly.

A couple days later, I found myself in a Teams meeting with student leaders and our Director for Student Diversity and Enrichment. One of our students suggested that the curriculum committee pass a call to action. That was something that I could do. I am the curriculum dean after all. On June 11, 2020 our curriculum committee passed a curricular call to action that stated:

> This committee and the entire curriculum team has demonstrated how quickly it can adjust curriculum in a meaningful way in the face of the COVID-19 pandemic. The committee would like to acknowledge that the morbidity and mortality of health care disparities and systemic racism across time is far greater than the COVID-19 pandemic. We are calling for the same speed, time, and energy expended in modifying the curriculum for the pandemic to be put toward the changes outlined in this document. Therefore, the same efforts to teach our students about COVID-19 and to keep them safe from COVID-19 must be expended in these areas of cultural competency and healthcare disparities. This call to action is not an attempt to signal virtue, but to acknowledge the evidence of health care disparities and systemic bias that affect our patients, students, residents, and faculty. This committee does not have the power to fix the system as a whole, but it is committed to working to fix what it does have control over, the curriculum at the Morsani College of Medicine.

A 15-point plan of action was passed as a part of the call to action, and we are on schedule implementing the plan, which has two parts. The first part is to address the identified areas of unconscious bias found during a review of our curriculum. In addition, a system for continuous monitoring of unconscious bias within the different curricular sessions is being established.

The second part is to build on our robust health care disparities and social determinants of health curriculum to directly teach about systemic racism in medicine, and the health effects of systemic racism in our society. The goal will be to create the free-standing longitudinal curriculum "Humanism in Action."

The ΑΩΑ project

My curricular leadership team created a longitudinal curriculum for our fourth-year Core MD program students that is in place this year. It uses the tenets of emotional intelligence as the foundation for the training. As with all new curriculum, it is a work in progress. With its implementation, all of our students in both of our programs receive leadership training prior to graduation. Our goal is to expose them to all of the wisdom we wish someone had taught us in medical school.

Writing this article has been difficult as 2020 has been a swirling sea in a torrential downpour. My assignment was to tell you what I did this year with my Fellowship, yet my entire portfolio of external work products was executed by an educational department and team that was nothing less than spectacular under incredibly challenging circumstances. My leaders, my colleagues and my staff gave me all of the support I needed. My struggle to articulate my piece of the work is diagnostic of the functionality of our team. I learned that true leadership and partnership is when you don't know where your work stops and another's begins.

I continue to eat well, lose weight and continue my workouts. New habits always need to be nurtured, but I have realized how important this work is and I give it the attention it deserves.

As a hospitalist, I frequently tell care givers to make sure that they are taking care of themselves so that they have the strength to care for their loved ones. Just like on an airplane, we have to put our oxygen masks on first so that we can care for others. Doctors are not known for being good patients, so I am in good company. I truly realize now that self-care is not selfish or indulgent. Burnout is not a badge of honor or a symbol of being willing to sacrifice more than others. Self-care is understanding that this isn't a zero-sum game; the better I care for myself the more I can care for others.

Leadership is about remembering that others are watching not only how you lead them, but how you lead yourself.

> "Don't explain your philosophy. Embody it."
> —Epictetus

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Learning leadership through disruption

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The past year and a half has been the most challenging, unpredictable, and demanding period of my career. This has also been the case for many others, whether in medicine or another profession. The COVID-19 pandemic and the reckoning with race and racism in our nation have been incredibly disruptive to nearly every aspect of my personal and professional life. In the midst of all this, I started a new job, unlike anything I have done previously. I have made difficult decisions that profoundly impact the lives and careers of others. I have found myself, at times, in heated conflict with those I believed to be allies.

The AΩA Leadership Fellowship could not have come at a better time in my career. My participation was not extra work and extra time on top of the demands I faced. Instead, the program provided practical tools and experienced mentors that proved invaluable in facing these challenges. It provided a framework of self-reflection and support. This framework ensured that through all the changes, surprises, successes, and failures, one thing remained constant: I continued to grow as a leader.

Project put on hold

My initial project for the program was to develop and implement the first Neurology Health Equity Symposium to be held in conjunction with the American Academy of Neurology (AAN) annual meeting. The symposium had three primary objectives:

- Raise awareness of existing neurologic health care disparities;
- Share best practices for promotion of neurologic health equity; and
- Highlight and encourage further scholarly work in this field.

I worked with my mentors and a dedicated group of colleagues to develop a curriculum with nationally renowned speakers, panel discussions, and poster presentations. In addition, the AΩA Fellow in Leadership funding allowed for the creation of a competitive scholarship program to attract individuals not already well-versed in neurologic health care disparities. Scholarship recipients would have an additional half-day of training on unconscious bias and practical skills to influence others in pursuit of health equity. These 10 scholarship recipients would be expected to take these skills back to their practices or institutions and then return the following year to provide an update on their progress. We were very pleased with the interest in this program, with more than 100 AAN members applying for the scholarship program.

Unfortunately, the AAN annual meeting was canceled due to the pandemic. However, we have been able to adapt the symposium and scholarship program for the 2021 AAN annual meeting, which will be entirely virtual. The transition to a virtual platform will not detract from the quality of the content, and may be more accessible to a wider audience. Hopefully, this will result in even greater interest for subsequent years when the symposium can be held in person.

Adapting in the face of crisis

While the COVID-19 pandemic completely upended the plans for the Neurologic Healthcare Equity Symposium, it also served as a compelling reminder of the disparities in our health care system. The disproportionate impact of COVID-19 on communities of color underscores an imperative for the medical profession to act decisively in pursuit of health equity. At the same time, the killing of George Floyd, Breonna Taylor, Ahmaud Arbery, and other Black Americans served as a catalyst for a long-overdue national conversation and call to action regarding racism in our society.

The AAN has a longstanding and successful history of promoting equity, diversity, and inclusion (EDI). I have been proud to lead these efforts as the Chair of the AAN's EDI Joint Coordinating Council. However, there had been little focus specifically on the uncomfortable issue of racism in our profession and our health care system.

After watching the callous and senseless killing of George Floyd, I could no longer remain silent. Fortunately, I had several allies with whom I worked to draft a strong

statement acknowledging and condemning racism. This statement was unanimously approved as a Position Statement by the AAN Board of Directors.

The statement committed the AAN to taking bold and deliberate action to become an anti-racist organization. To this end, the Board of Directors created a Special Commission to quickly determine a detailed roadmap of immediate and sustainable action toward becoming a fully inclusive and anti-racist organization. The Special Commission was composed of a combination of senior AAN leaders along with at-large members selected for their passion and experience related to these issues.

I was honored to be appointed Chair of the Special Commission, and we quickly moved to establish our vision of a fully inclusive, anti-racist organization and to determine the gaps we would need to bridge to achieve that vision. This became my new ΑΩΑ leadership project.

The members of the Special Commission worked tirelessly to develop a roadmap, proposing high-level, strategic changes and goals for the organization, as well as more detailed and specific actions for every major committee and entity. Within a few months, the Special Commission issued a full report of its recommendations, which was unanimously accepted by the Board of Directors. As a result, the AAN established a strategic goal to be a "fully inclusive, diverse, and anti-racist organization that promotes neurologic health equity and actively works to recruit and support a diverse membership."

The core values of the AAN were amended to incorporate inclusion, diversity, equity, anti-racism, and social justice. In addition, the organization committed to the following principles of anti-racist organizations:

- Ensure that the CEO and Board of Directors are committed to, and accountable for, creating an anti-racist, inclusive organization;
- Ensure all programming is created and implemented in an anti-racist and inclusive manner;
- Educate and train leaders, members, and staff about the nature of anti-Black and other forms of racism;
- Recognize the substantial contributions to the AAN and neurology by members who are Black or other underrepresented in neurology (UIN) racial and ethnic groups;
- Engage proactively and intentionally in two-way communication with Black and other UIN members as well as nonmembers from communities of color; and
- Recruit, retain, and promote a racially diverse staff.

These organizational goals, values, and initiatives laid the necessary framework for the more specific recommendations that will serve as a guide for the standing committees and other operational components of the organization.

I believe that the work of the Special Commission will have an immediate and lasting impact on the AAN and subsequently, the field of neurology. I am proud of, and grateful to, the members of the Special Commission who committed to understanding systemic racism and to having respectful and constructive conversations about topics that are often uncomfortable.

I am indebted to the ΑΩΑ leaders and staff who have invested so much time and effort in my personal growth as a leader. Although my time in the formal program has come to an end, I am pleased to be welcomed into a larger community of practice of ΑΩΑ leaders committed to self-reflection, continued growth, and servant leadership in health care.

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Leading in society: Wearing the white coat in,and out, of the hospital

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This past year has been defined by its unpredictability—societally, professionally, and personally. As I write this reflection, the past 72 hours epitomizes the anxiety, uncertainty, and need for leadership that too many have witnessed in the last nine months. This morning, my daughter awoke with a fever and sore throat, symptoms that would have otherwise not fazed her in the least. This time was different. She had tears rushing down her face and fear in her eyes overcome by a worry about what this fever really meant. Three days ago, I was diagnosed with COVID-19 and despite quarantining myself in a back bedroom, distancing my trips to the stairs for food, and bleaching every surface we could find, she now had symptoms and knew what that meant. "Am I going to be okay Dad?" she asked. She was consumed by

fear and anxiety, overwhelmed by the uncertainty, and she was scared.

Future Clinician Leaders College

A year ago, I set out for the AΩA Fellows in Leadership orientation with a clear vision for my year. I am passionate about developing the next generation of future health care leaders. I see value in diversity, benefit in collaboration, and opportunities to develop strong clinicians by investing in their ability to lead.

Prior to applying to be an AΩA Fellow, I piloted an interprofessional leadership program for students in MD, PA, CRNA, and PharmD programs at Wake Forest School of Medicine. Student feedback was universally positive, with students commenting, "We are constantly leading and working in team[s]. This [program] helped me develop greater self-awareness of how I lead and how I interact with others who may have different styles and perspectives," and that the program "will change the way I interact with other residents and learn to better understand their leadership styles."

The AΩA Fellows in Leadership program provided the funding and mentoring to take this institutional program to the next level and develop North Carolina's first statewide interprofessional leadership program for health care trainees—Future Clinician Leaders College (FCLC). The year was intended for developing this exciting and rewarding program but ultimately presented numerous unforeseen challenges and opportunities to grow as a leader, physician, and father.

Developing future leaders in North Carolina

I set out to develop the FCLC because training the next generation of clinician leaders has never been more important. Medical students (e.g., DO and MD), physician assistants, and students in nursing, nurse anesthesia, pharmacy, and other allied health disciplines enter a workplace that increasingly demands strong communication and team leadership.[1] The unprecedented challenges of the COVID-19 pandemic have focused this need acutely on leadership.

Being a good communicator is important for all roles and interactions in society, but to be a good leader requires additional skills in understanding oneself, recognizing the strengths of others, developing shared vision, motivating people to act, fostering trust and commitment, and advocating for change. Existing medical curricula are packed full of content and often cannot devote sufficient time to leadership, advocacy, teamwork, and policy.[2]

North Carolina benefits from many strong health care training programs. At the same time, gaps in care exist for patients throughout the state.[3,4] Major physician shortages exist; disparities in access to care are well documented;[5,6] maternal mortality is higher than the national average;[7,8] and social drivers differ widely between the western Appalachian regions and eastern farmlands.[9,10] It is critical for the state to develop a strong generation of clinician leaders who are passionate, capable, and ready to tackle these health care challenges.

The FCLC responds to this need by developing a cohort of interdisciplinary leaders who are engaged in the problems facing patients in North Carolina. This program has been developed with strong partnership from Dr. Kristina Natt och Dag (my AΩA mentor), Vice President for Leadership Development at the North Carolina Medical Society and Director of the Kanof Institute for Physician Leadership (KIPL). The purpose of the program is to empower student-leaders and teach leadership through communication, collaboration, and authenticity. Like the inward journey taught by Dr. Wiley "Chip" Souba (AΩA, University of Texas McGovern Medical School, 1978), the FCLC centers on the development of self. Students reflect on their leadership strengths; identify the strengths of those around them; understand the assumptions and beliefs that shape their perception of patient care; and communicate their vision for change. Research shows that self-awareness is crucial to building a sustainable platform for effective leadership and is fundamental to developing confidence and self-worth as a leader.[11–13] The FCLC program challenges students to take a deeply introspective look at their own personal leadership journey, act in alignment with their core values as a leader, and link leadership development to patient care.

The program introduces four "**P**s" of clinical leadership that can be demonstrated by leading:

- **P**atients to change in the clinic;
- **P**eers as mentors in the classroom;
- **P**roviders in interprofessional health care teams; and
- **P**olicy change as health care advocates.

Leadership among patients, peers, and providers is immediately important to the day-to-day practice for most trainees. For future practice, it is also critical to develop socially responsible and societally engaged healthcare advocates.

The program teaches advocacy that can be integrated

into daily activities of student leaders. The students complete a leadership project where they tackled one of five major advocacy problems facing health care:

1. Opioid epidemic;
2. Population health and social determinants;
3. Equity and diversity in health care;
4. Cost of health care; or
5. Provider shortages.

In the inaugural year, 26 students from training programs across North Carolina completed the program. The students attended workshops on the language of leadership; leading authentically; leading within the health care team; and leading in society. Virtual seminars were interspersed between each session providing foundational information on the problems facing health care.

Five interdisciplinary small groups collaborated to develop a white paper. Each group selected a specific topic within their broader problem facing health care and advocated for change. Students were paired with an expert who wrote an invited commentary and interpreted each advocacy solution into the current legislative, societal, or clinical context.

The final white paper spans disciplines (see reference).[14] Every enrolled student completed the program and working with them has been one of the most rewarding professional experiences I have ever had. Several of the students have already risen to leadership positions as nurse educators, speakers to the North Carolina Medical Board, and in their institutional responses to the COVID-19 pandemic.

Personal development: Unexpected opportunities to lead

The FCLC project provided an opportunity to put into practice the lessons learned from the ΑΩΑ inward journey and leadership mentoring. This year also brought many new challenges and opportunities to personally grow as a leader.

The first opportunity presented itself in the middle of the year when I was asked by the interim chair of Neurology to develop a new leadership role as Vice Chair for Health System Integration and Outreach. At first, few around us knew what this meant but together we recognized the importance of integrating neurologists from our growing clinical sites with the need for a strategic approach to outreach. I learned the importance of patience and adaptability.

When the pandemic hit, plans for in-person meet-and-greets and referring provider dinners were quickly suspended. My mentors encouraged me to pivot to telehealth and use it as a tool to integrate visits with outreach to patients and providers. Over the past six months, teams of clinicians, administrators, students, and telehealth staff have led one of the most successful transitions to telehealth at the institution and seized upon the opportunity to develop infrastructure that will be sustainable post-pandemic.[15]

A second leadership opportunity began abruptly when I was named the President of the North Carolina Neurological Society in the midst of planning the annual scientific meeting.

North Carolina is home to a fantastic subspecialty society and devoted group of neurologists. As with many who were planning meetings during the early pandemic, we struggled to balance the desire to network in-person with the safety of attendees. We did not know whether members would attend, if exhibitors would postpone, and which meeting venues may allow leniency.

I had the chance to put into practice empowering the team. We pulled together the executive committee and NC Neurological Society staff and identified a platform to deliver an exceptional experience, bring outstanding speakers to our members, and engage advance practice providers and neurology trainees in a new and different way.

The third major leadership opportunity came at the end of the year when I was promoted to Assistant Dean of Undergraduate Medical Education, a long-time passion. This role remains new but already has required numerous skills learned as part of the ΑΩΑ program.

Challenges faced and lessons learned

Unprecedented challenges have pervaded almost every aspect of life this year. We have needed leaders inside and outside of health care. From the pandemic and the digital divide to racism and health equity, major inflection points have required adaptability, attentiveness, and decisive action. As a leader, I have faced many challenges transitioning to virtual learning with our FCLC students and adapting to telehealth for our neurology providers.

Our workshop on leading in society focused on leading within the pandemic but became tone deaf in the wake of the deaths of Breonna Taylor and George Floyd. We listened to feedback, adapted our response, communicated clearly, and led a new workshop on identifying actionable steps to promote equity and anti-racism in health care training.

On a personal level, the most difficult part of this year has been balance. I reject the concept of work-life balance. I have very little of it and mostly because it seems to imply that

work is somehow separate from life, that life can be separated from work, and that the two can be weighted in some way as to find equivalence or perhaps balance the equation. This year has defined for me how impossible this is and how detrimental those efforts can be in some circumstances. Like so many others, I have worked from home and spent much time "teaching" second and fourth grade elementary school.

Clinical work has occurred everywhere. I have seen patients at home, at work, at clinic, and a number of places in between. Life has been impossible to balance, and yet in many respects this year has been one of the best I can remember. I relish the chance to see my kids learn in their online classrooms. I helped my son with his family history project and tuned in for dance classes in a way that I rarely did pre-pandemic. We ate lunch together and spent important moments as a family.

Staying safe and well

My daughter tested positive for COVID-19. We isolated together. As her father, I went through the stages of grief. I was angry that I had brought home this potentially harmful disease and exposed my family. I blamed myself for having not protected her. I mourned having to pinch hit as tutor for her fourth grade reading project for which her mother was clearly superior. I also grieve for those who have not been so fortunate as we have lost friends, family, and patients.

I used to wear my white coat whenever I was in the hospital. COVID-19 has changed that. Now, like so many providers, I roll up my sleeves, don a mask, wash my hands, and leave the white coat at the door. The white coat is a powerful symbol in medicine. It embodies the compassion, truth, trust, and accountability we have to society. Today, we need leaders who recognize the importance of their role in society, who may take off their white coat when they arrive, but put it back on when they leave.

We need to be leaders who speak up to racism when we see it, call out misinformation when it confuses, and lead in our society. It has been a privilege to serve as an AΩA Fellow in Leadership, and help promote future leaders.

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