

# AΩA Fellows in Leadership complete program and are prepared to serve

Jennifer Hagen, MD; Timothy Lucas, MD, PhD; Kaushal Shah, MD; and Joseph Weistroffer, MD

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, and political challenges 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 AΩA value, and an important part of the organization's mission.

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

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

1. Self-examination, the inward journey, leading from within;

2. A structured curriculum focused on 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.

Nominations for the AΩA 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. At least one mentor is at the senior leadership level, i.e., a Dean, Chief Executive Officer, or the President of an association or an organization that has a regional or national presence.

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

The Fellows each receive a \$25,000 award for further leadership development and project funding.

This group of AΩA Fellows in Leadership program—Jennifer Hagen, MD (AΩA, University of Nevada, Reno School of Medicine, 1998); Timothy Lucas, MD, PhD (AΩA, University of Florida College of Medicine, 2000); Kaushal Shah, MD (AΩA, Icahn School of Medicine Mount Sinai, 2015, Faculty); and Joseph Weistroffer, MD (AΩA, Uniformed Services University of the Health Sciences F. Edward Hébert School of Medicine, 1992)—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 AΩA Fellows in Leadership Community of Practice. They presented the findings, outcomes, and lessons learned from their projects to the AΩA Board of Directors during the October 5, 2019 annual meeting.

### Joseph Weistroffer, MD



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If physicians are to lead our profession in today's dynamic environment of health care reform, the essentials of leadership need to be taught and developed at all levels of medical education. The most fertile ground to effect change is at the beginning of medical school with fundamental leadership concepts introduced early and advanced at a pace commensurate with the learner's increased responsibility in patient care. The student's exposure to leadership training must continue during graduate medical education to ensure leadership skills develop in parallel with clinical skills. In addition, leadership instruction integrated into faculty development can improve an institution's overall leadership intelligence while enhancing its staff's effectiveness as mentors in both the academic and clinical settings.

Through the Fellow in Leadership program, Alpha Omega embraced my implementation of a formal,

comprehensive, structured leadership curriculum to develop physician-leaders at Western Michigan University Homer Stryker MD School of Medicine (WMed). My proposed curriculum involves a framework incorporated into the leadership programs at the U.S. Air Force Academy and the Uniformed Services University of the Health Sciences. This framework concentrates first on personal leadership, then interpersonal leadership, followed by a concentration on team building, and then organizational leadership (PITO).

### Physician know thyself

Personal leadership, especially for first-year medical students, requires personal introspection to explore one's core purpose, motivation, guiding principles, and individual values. A personality trait assessment provides an introduction to personality, behavior, attitude, emotional intelligence, and bias. Discussions of integrity, character, values, and virtues form the critical foundational ethical components to enhance understanding of the obligations of physicians and leaders. The early introduction of priority-based time management provides a foundation of prioritization, effectiveness, and the groundwork for the concept of delegation introduced later in the curriculum.

### Relation integration

Interpersonal leadership as introduced to second-year medical students places the focus on relationships. Building on the first module's exploration of personal behavior, the student now develops skills to understand other's behavior and improve relationships. Utilizing the personality assessment introduced in the first module, trait identification, communication, and conflict management skills are studied to enhance interaction between dissimilar personality types. Counseling skills, with an emphasis on constructive feedback, listening, empathy, and genuineness, expand the students' effectiveness in understanding and shaping others' behavior. Behavior studies on reward/punishment, tolerance, and extinction enrich the motivational concepts for the growing leader.

### Achievement through service

The Team Leadership module prepares medical students for their clinical rotations, focusing on the organization and team building. The lectures explore the subtle similarities and differences between leadership and management. The class examines the source of a leader's power, as well as the relationship between authority, responsibility, accountability, and professionalism. Defining leadership styles and appropriate response for a situation

precedes an introduction to more advanced concepts as leader and follower identity formation.

### The big picture

Through organizational leadership there are many resources available to help with being efficient in handling the responsibilities that today's leaders encounter. The student learns that management is learning "how to do things right," while leadership is "doing the right thing."

The introduction of foundational concepts of leadership based on the behavioral science literature is done via a lecture format. The educational specialists at the school are working to incorporate more "flipped" classrooms, and working to integrate an audience response system to improve the quality of the presentations and encourage learner participation.

The students have started a leadership interest group to expand on topics covered in the initial lectures. The group chooses what items to include utilizing news articles, current events, and TED talks to create the background for discussion.

An elective course is now available for credit where executives from area hospitals and the medical industry volunteer to have a student shadow them. The student is provided background reading before and after the experience, discuss the event with the executive, and provide a written reflective piece. The plan is to incorporate the leadership and management concepts learned in the lecture hall when running labs and activities that require teamwork and leadership, including running codes, advanced cardiovascular life support, advanced trauma life support, and mass casualty drills.

### Practicing leadership

The structure of academic medicine provides numerous opportunities for leadership to be practiced and evaluated. There is a natural rank structure in every hospital ward, operating room, and clinic consisting of attending, fellow, chief resident, senior resident, junior resident, medical student, as well as the parallel ranking of charge nurse, floor/circulating nurse, technician, and aide. Patient care is full of chances to delegate with a dynamic balance of authority, responsibility,

and accountability. Opportunities to communicate, collaborate, motivate, engage, and team-build occur throughout each day.

Once the student, attending, subordinate, or peer, recognize that leadership opportunities exist, theoretical leadership concepts discussed in the classroom can become real-life learning experiences. Taking advantage of these leadership moments through personal reflection, constructive feedback, discussion, and mentor insight can have a profound effect on one's development.

My project provided great focus while I participated in AΩA's Fellow in Leadership. Constructing my leader-

ship curriculum provided an excellent knowledge base, allowing me to maximize my growth from the program. The essential components of the Fellowship mapped well with the PITO structure.

The first "essential component" of AΩA's program is personal leadership, self-examination, the inward journey, and leading from within. Knowing who you are as a leader, and how you want to shape a future greater than yourself, is the bedrock of any transformative leader. To realize one's core purpose, motivation, guiding principles, and individual values are fundamental to emotional intelligence, and generate the strength to become a servant leader. As the renowned educator in leadership Brene Brown expounds,

effective leaders are those who give gold stars instead of collecting them.<sup>1</sup>

I am most grateful, though, for the mentoring provided by the instructors who participate in this Fellowship. As a residency program director in orthopaedic surgery, I agree with the concept that fostering deep and personal relationships between residents and attendings facilitates the transfer of critical skills, knowledge, and personal qualities during one-on-one training modalities with master clinician-educators.<sup>2</sup> The kind, giving, compassionate relationships I developed this year will live long after the completion of this Fellowship.

Though each of the instructors this past year had a profound effect on how I view myself, those whom I serve, and what devotion is necessary to lead our profession to a future greater than any one of ourselves, I want to thank several specific individuals. Eve Higginbotham, MD, SM (AΩA,

*I am grateful for essential components of AΩA's program—personal leadership, self-examination, the inward journey, and leading from within.*

— Joseph Weistroffer, MD

Morehouse School of Medicine, 2008, Faculty) was forever present, helping me explore future possibilities in which I might make a difference. I appreciate the time she took to visit with me in Philadelphia, as well as during her trip to Kalamazoo. Joshua Hartzell, MD (AΩA, Uniformed Services University of the Health Sciences F. Edward Hébert School of Medicine, 2001), helped me shape the evolving leadership program in graduate medical education in Kalamazoo. Hal Jensen, the founding Dean of Western Michigan University, Homer Stryker MD School of Medicine supported my participation in the program, and provided insight to build a leadership curriculum based on a framework for others that follow to build upon and improve. Dee Martinez, AΩA Chief of Staff, offered exceptional insight into organizational leadership and advice on resiliency.

I also want to thank my mentors at the Uniformed Services University (USU). General Eric Schoomaker, MD (AΩA, University of Michigan Medical School, 1974), and Colonel John McManigle, allowed me to participate in the organization driving leadership education program at America's Medical School in Bethesda, MD.

Two other individuals who have had a profound effect on my development deserve special mention. Neal Grunberg, the Director of Leadership Research & Development at USU, and Wiley "Chip" Souba, Jr., MD, DSc, MBA (AΩA, University of Texas McGovern Medical School, 1978), have taught me that in order to lead others, I must first be able to lead myself.

My AΩA Fellowship experience was influenced most by my co-Fellows, Jennifer Hagen (AΩA, University of Nevada, Reno School of Medicine, 1998), and Kaushal Shah (AΩA, Icahn School of Medicine at Mount Sinai, 2015, Faculty). I thank you for your honesty and dedication to our community of practice.

### References

1. Brown B. *Dare to Lead: Brave Work. Tough Conversations. Whole Hearts.* Vermillion-Penguin Random House, 2018. 108–9. ISBN: 9781785042140.
2. Baker CD, Hernandez NM, Turner NS, Morrey ME, Barlow JD, Camp CL. *What are the Goals of Orthopaedic Surgery Residency: A national survey comparing perspectives of established surgeons and incoming interns.* AΩA CORD Report. 2019 Sep. <https://AΩAssn.informz.net/informzdataservice/onlineversion/ind/bWFpbGlu-Z2luc3RhbmNlaWQ9NzYxMzk2OSZzdWJzY3JpYmVyaWQ9ODI2Nzg3OTQx>.

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## Jennifer Hagen, MD



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**I** imagine that your leadership challenge is to bring together separately existing administrative units into a unified team. A year into this project, you plan a retreat for

this fledgling team to develop an inspiring vision statement representing the group as a whole. You are excited, hopeful, and moderately anxious as you plan a productive retreat for your team. You want to ensure that the individuals on your team will feel valued and that they will value being a part of this larger team.

Then, just weeks before the retreat, one of the managers on the team takes a new job leaving a major gap in the team. What now? Do you postpone the retreat until the team is whole again? Do you move forward despite the gap?

This dilemma occurred for me during my AΩA Fellowship year while leading the development of my medical school's new Office for Faculty. Fortunately, the AΩA program and associated resources prepared me to make the decision that was best for my team, and best for me as a leader.

My AΩA Fellow project was to develop professionally as a leader while establishing the Office for Faculty at the University of Nevada, Reno School of Medicine. This new office brought together existing units of institutional diversity and inclusion, faculty recruitment, faculty development, faculty affairs, and support of volunteer faculty. The AΩA Fellows' curriculum and relationship-building experiential learning has been tremendously productive for this project as much of it has centered around the role of relationships in leadership.

### Finding my way to leadership

By the time I graduated from the high school I attended for the last six months of my senior year, I'd lived in seven states and attended as many schools. As the perpetual new kid, I learned how to navigate bullies, and how to quickly make friends (without getting too attached).

Because of these frequent moves, family was central to my paradigm. My family taught me to love science, nature, and reading, and they instilled in me a belief that I was capable of just about anything. When I told my father that I wanted to be the catcher for the Pittsburgh Pirates he did not point out that there were no women on major league baseball teams, instead he said, "Let's go outside and throw the baseball!"

I was taught to be independent and self-sufficient. I attended a large university and kept my head down to focus on getting into medical school.

I arrived at medical school orientation in a new town, knowing no one. The first woman I met would become my best friend for the duration of medical school. I reveled in the luxury of four whole years to build relationships with my medical school classmates. I began to appreciate the value of teamwork, and the psychological sustenance that long-standing relationships provided.

Despite my personal growth in medical school, I still made major life decisions independently and without any counsel of the wise, experienced faculty around me. During my residency, I made the decision to switch from pathology to internal medicine without speaking to a single attending physician. These faculty were approachable, supportive people, but it just wasn't in my DNA to ask for others' opinions; it didn't occur to me to get outside perspectives.

Fortunately, things changed when my first chairman became my mentor, and over the subsequent 20 years of my career I have benefited from the counsel of numerous mentors, coaches, and sponsors.

### **Learning how to lead**

The AΩA Fellowship has changed me for the better. It helped me to learn to be more authentic, more vulnerable, and more honest about who I am and what I am feeling in the context of my professional life. Time is arguably the most precious resource people have, so when nationally-renowned thought leaders in medicine spend days with the AΩA Fellows during orientation and over the course of a year, a powerful message is telegraphed that these leaders believe we are worth the investment of their time, energy,

and interest. The message from the Fellowship faculty is that each Fellow is chosen to lead as the person they are, and that it is up to each Fellow to choose how to project their own self in order to lead effectively.

One of the AΩA coaches, Kathi Becker, traveled to Reno to help me further explore and practically apply these concepts from the AΩA curriculum. My AΩA mentor, Dr. Alan Robinson (AΩA, University of Pittsburgh School of Medicine, 1988), consistently reinforced the importance of authentic, humanistic leadership, and was a phenomenal role model for that message. Such self-acceptance liberates us to be more present for others and the institutions that we serve.

Our Fellows' community of practice with peer consultations was transformative for me, allowing me to be more vulnerable in professional relationships and to discover the rewards of that vulnerability. The work we Fellows did with Dr. Diane Magrane (AΩA, Drexel University College of Medicine, 2017, Faculty) pushed us to think creatively and collaboratively, and was instrumental in generating our circle of trust early on in our fellowship year. Our "AΩA Champ" phone calls each month were a treasure to help me understand that these individuals had my best interests at heart, and

they could count on me to reciprocate. My co-Fellows have helped me better understand myself and my interactions with my colleagues and our circumstances. As Fellows, we cheered each other's successes and buoyed each other's spirits when the waters got rough.

My institutional mentor and Dean, Dr. Thomas Schwenk (AΩA, University of Nevada, Reno School of Medicine, 2017, Faculty), has provided significant guidance and room for me to learn and grow. He gave me feedback that encouraged me to seek a speaking coach who has helped me improve my public speaking skills to be a more effective and persuasive leader.

My professional coach, Dr. Lynda Goldman, has guided me to processes that have gotten our Office for Faculty off to a strong start. She gently nudged me back to the work of leadership when I drifted back toward my comfort zone of managing.

The funds provided by the Fellowship matter. "What would you do if you had a million dollars and you could not

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fail?” was a question a friend asked me to help me to eliminate the psychological barriers that were preventing me from thinking creatively. It worked. Funds help to eliminate the scarcity mentality that can constrain our courage to try new things, to innovate and to learn. The \$25,000 from the AΩA Fellowship provided the tuition and travel for me to participate in the Rudi Ansbacher Leadership Program for Women Scholars at the University of Michigan; the funds helped me overcome my initial intimidation and made me bold about taking this risk. The Rudi Ansbacher program has given me the opportunity to learn about leadership alongside other women leaders, enjoying camaraderie and understanding. The two programs aligned, especially around leading from who you are. Practical tools included: situational leadership, models for change, and understanding change within a complex system.

### Leading through change

My confidence in being a leader for change at my institution and nationally is growing.

As described earlier, I was deliberating whether or not to go forward with the first retreat of the Office for Faculty team. I was ambivalent because of the vacancy created by the departure of one unit lead. Fortunately, during that time, there was a scheduled call between the AΩA Fellows and program faculty, so I ran this dilemma by them. The AΩA team encouraged me to move ahead with the retreat with some suggestions and cautions. Dr. Robinson noted that the faculty and staff who were at the retreat should understand that they were the right people to be there.

While agreeing with Dr. Robinson out loud, a voice in my head responded silently, “But am I the right person to be leading them?” Later that week, I attended the orientation for the Rudi Ansbacher program and learned about an idea from Mark Hannum at Linkage. He explained that teams need to hear who their leader is, why that individual is the right person to be there to lead and what direction the leader sees for the future. Mr. Hannum illustrated how to do this and I was intrigued.

I wrote my own story of who I was and discovered a compelling connection with my purpose for leading the Office for Faculty. I was concerned with the idea of sharing such a personal story at work, but had learned through the emotional intelligence work in the AΩA program that this type of sharing was an area where I could be more effective. I piloted this story with the speaking coach I’d consulted (mentoring advice!) and she encouraged me to tell my story at the office retreat.

Sharing the history that made me who I am and that explains why I’m driven to lead the Office for Faculty during the retreat made a difference for my team, and for me. The team engaged, and came together to create the vision that drives our work each day. Sharing my story that day helped all of us. It was the AΩA Fellowship that led me to that story and gave me the courage to tell it.

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### Kaushal Shah, MD



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As a philosophy major in college, I learned a lot about the great thinkers, and really enjoyed gaining an understanding of the major philosophical theories. I have a favorite philosophical concept (“veil of ignorance” described by John Rawls), and a framed picture of the *School of Athens*, painted by Rafael, hanging in my office. However, my philosophical training did not prepare me for my leadership journey as an Alpha Omega Alpha Fellow in Leadership. Leadership, as I learned, requires an inward journey and often bold and uncomfortable real-world choices.

### The second time around

The first steps of my journey were fairly uneventful. I applied to the AΩA Fellow in Leadership program proposing a straightforward leadership project to develop a house staff leadership curriculum at my institution. The vision was twofold: a theoretical component, including a leadership lecture series and reading curriculum, and a practical component of intra-disciplinary teams tackling quality improvement projects in the hospital. However, I was not accepted, so I re-applied the next year with the same project. In the interim, I successfully initiated my project idea on a smaller scale (this will be relevant soon). I was fortunate to be selected to the AΩA Fellow in Leadership Program the second time I applied (2018-2019).

When I arrived at the AΩA national office in Aurora,

CO, in July, for my week-long immersion in leadership education, I was paired with two mentors, Dr. John Tooker (AΩA, University of Colorado School of Medicine, 1970) and Kathi Becker, an AΩA Program Faculty member. I quickly realized that they were more focused on me than my project. They inspired me to challenge myself. Through their probing questions (the “7 Whys”), I realized that the leadership project was not the primary focus of my fellowship—it was a vehicle to develop my leadership skills.

The faculty assembled for training and education of the three fellows in leadership in my cohort was diverse and powerful. They were among the best, brightest, most thoughtful, and most experienced in medicine: established leaders at the highest levels of academic medicine and professional medical societies. What struck me most about the experience was not the pace and intensity (though it was intense), but rather the focus on professionalism, servant leadership, empathy, emotional intelligence, and frequent exposure to foundational concepts such as integrity, authenticity, and inclusion. Rather than buzz words, these words were starting to have personal meaning and shape my decisions as a leader and person.

Based on my experience of leadership as an emergency medicine physician at an academic medical center, I was inclined to describe leadership in terms such as build, create, and grow—concepts designed to enhance a *curriculum vitae* and develop a professional identity that others would notice. I was proud of my institution as a large and rapidly growing integrated health system, and a successful regional health care juggernaut. I did, however, notice that leadership in this health system sometimes created unrealistic expectations for most, and an “us versus them” mentality between employees and administration. Although at times uncomfortable with these leadership behaviors, I assumed that this was what administration and leadership looked like at the highest health system levels.

### A new project

Over the last 15 years of clinical practice, I have witnessed burnout. Scales of burnout in medicine consistently

find emergency physicians at the top of the list. Burnout leads to high faculty turnover, and the estimated cost of replacing an emergency medicine physician is said to be between \$50,000 and \$500,000 (depending on the type of costs factored in).

I have always believed that finding meaning in work is central to combating burnout, depersonalization, and cynicism, so I changed the scope of my project to foster professional fulfillment for new emergency medicine faculty. My vision was to develop a junior faculty community

of practice in order to increase job satisfaction, camaraderie, retention, and academic productivity.

I identified newly hired faculty (less than three years at the institution) and offered them the opportunity to join a community of practice to meet monthly in a social venue to discuss a topic relevant to their academic and professional development. To develop a curriculum to suit the needs of this community of practice, I performed a needs assessment to identify self-perceived career development needs.

A group of 10 to 15 faculty convened monthly over a meal to discuss various topics, e.g., developing and sharing a five-year plan; business and finance of emergency medicine; engaging in research; and mentorship.

### Personal development

Parallel to the development of my junior faculty community of practice, I started to take classes to obtain a Master’s in Healthcare Delivery Leadership (which was partially funded from my AΩA award and supplemented by my home institution). My fellow students were from a variety of disciplines. The discourse and reading assignments aligned perfectly with my personal goals to grow as a health care thinker and leader, beyond emergency medicine. Unfortunately, I only completed the “Strategy” and “Population Health” courses before I changed institutions; (I couldn’t expect the home institution to continue funding my tuition).

I wasn’t looking for another job. Unexpectedly, I was recruited to interview for the position of Vice Chair of Education at a prestigious institution where the emergency division was moving to departmental status (it

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had historically been a division under the Department of Medicine). Changing from a division to a department might seem like semantics, but the expectations for faculty development and faculty productivity increase substantially at the departmental level. The prospect of being recruited to help build a new department was enticing. I could invest in an important mission and embark on a new leadership challenge. After a whirlwind of interviews, I was offered the position.

I didn't expect my home institution to be pleased with my decision, but there was more disappointment than I anticipated. I'd like to think it was a grief response, but that didn't make it any easier. It was made clear that I was abandoning the department by leaving to take a new position at another institution. Despite knowing that it was the right decision for me and my career, it was a very uncomfortable transition. As leaders, it can be challenging to separate out own institutional goals and missions versus wanting what is best for mentees and faculty. Ultimately, leaders need to support individuals. While having people leave is tough, it creates opportunities for them and also creates new opportunities for those who remain.

The transition occurred in the middle of my AΩA Fellowship year; therefore I wouldn't be able to complete my AΩA project or my Master's program. Would the AΩA leadership support my decision?

After informing them, a conference call with the AΩA executive director, chief of staff, and my primary mentor was arranged. I remember their first questions, "How are you doing?" and then, "How can AΩA support you?" They went on to say I shouldn't worry about the finances and that I could use the remainder of my funds at another time. I was shocked. Once again, AΩA was focusing on me and my leadership development. In retrospect, I shouldn't be surprised by the support I received—true leadership.

### My inward journey

My leadership journey within the AΩA Fellowship year has not been smooth. Initial leadership project rejection, changes in project and employment, and discontinuing my Master's degree program each provided bumps along the way. However, I now realize these real-world events were profound and key aspects of my inward journey. From each I learned about authentic leadership.

My personal leadership style of influence and inspiration as an extrovert has served me well for many years, but, as I quickly learned, it is not enough. I learned to tap into relationship management, emotional intelligence, and

empathy to better understand those I relate to, and to help them understand me.

To grow or foster growth in others, one must challenge but also nurture. Kindling growth does not have to be Machiavellian. Support, humanity, humility, and integrity are very powerful. Servant leadership is influential and effective. It's more important to find your true north, and to learn from, but not necessarily emulate, leaders around you.

### The future

Although I have left my former institution, I am proud to say that while there, I designed and implemented a junior faculty community of practice that continues, is perceived as valuable, and has proven to be sustainable. I hope to initiate a similar program at my new institution.

I am using the remainder of my AΩA award funds for the Certified Physician Executive program at the American Association of Physician Leaders.

I plan to use my leadership skills to help build a successful department of emergency medicine.

I would like to thank AΩA and the faculty in the Leadership Program for investing in me and helping me grow as a leader. I would also like to thank my co-Fellows and two former fellows—Joshua Hartzell, MD (AΩA, Uniformed Services University of the Health Sciences E. Edward Hébert School of Medicine, 2001), a 2014 AΩA Fellow; and Brian Clyne, MD (AΩA, Warren Alpert Medical School of Brown University, 2016, Alumnus), a 2016 AΩA Fellow—for all of their continued support and guidance. I am excited to continue my inward journey and growth as a leader.

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## Timothy Lucas, MD, PhD



Dr. Lucas is Assistant Professor of Neurosurgery, Surgical Director, Penn Epilepsy Center Director, Translational Neuromodulation Laboratory, Penn Center for Laser Neurosurgery, and Neurosurgery Gene Therapy Program; Associate-Director, Center for Neuroengineering. Dr. Lucas is a 2017 AQA Fellow in Leadership.

**T**he business landscape of American academic medicine has undergone major changes in recent decades. Whereas the 1990s were characterized with clinical surpluses and abundant federal funding for biomedical research, clinical revenues and grant support began to plateau in the 2000s. Hospital administrations at academic medical centers (AMCs) placed increased clinical demands on employed academic physicians to boost operating revenue. Academic physicians shoulder the brunt of the tripartite mission of AMCs—clinical care, education, and research. By increasing clinical demands, academic productivity suffers, and job dissatisfaction and burn-out may result. This results in a loss of innovation and discovery for academic physicians.

Academic physicians are among the brightest and most dedicated providers. Many earn advanced degrees beyond medical doctorates, assume mounting financial liabilities related to their additional training, and forsake lucrative private practice jobs for the privilege of an academic career. Without dedicated physicians who are capable and willing to devote their lives to the rigors of academic medicine, medical advances stagnate.

### The problem

Historically, the educational and research missions of AMCs were cross-subsidized with robust clinical surpluses. During this era of relative prosperity, hospitals grew into complex systems with ballooning organizational charts. Hospital systems assumed high overhead with vastly expanded services and a growing workforce of administrators and managers. The cost of care grew unabated. Then payors (insurance companies) began capping, or contracting, reimbursements. Operating margins shrank, and clinical surpluses vanished.

Today, AMCs face substantial financial headwinds. Major insurers have pulled financial levers to cut reimbursements. In some regions, insurers refuse to reimburse hospitals if patients are readmitted to the hospital within a 90-day window of discharge. Although the desire to bend the cost curve is generally well-intentioned, unintended consequences have resulted.

To counter the drag on revenue, AMCs now demand more clinical productivity from the physician workforce. Academic physicians who see patients, teach medical students, and conduct research, and are conflicted with reducing compensation or increasing clinical duties (at the expense of scholarly work). This often results in job dissatisfaction and burnout.

### The solution

In addition to reducing the burden of disease by leading innovation and discovery, academic physicians educate the next generation of physicians. Society is the principle, but not sole, beneficiary of their efforts.

Academic physicians provide value to their AMCs. Innovation leads to new medications, new medical devices, and new clinical offerings. Productive academics grow the reputation and brand of hospitals, thereby growing the business. These efforts draw in new patients who come to a specific hospital because of the institution's reputation for treating a given condition, even when the patient does not have that particular condition. The logic goes, "If hospital X has developed a cure for leukemia, maybe they can treat my lymphoma."

However, academic physicians have few mechanisms to generate revenue for non-clinical duties. Instead, they are frequently held to the clinical compensation model, wherein clinical work relative value units (cRVU) are the primary metric to quantify productivity. Seeing more patients and performing more procedures generates more revenue.

In a system that undervalues academic work products, the highest paid physicians are high-volume proceduralists.

The solution for academic physicians is to quantify their scholarly efforts. In addition, hospitals must link a portion of academic physicians' compensation to scholarly work products. As the saying goes, one incentivizes what one values. These steps are explained below.

### Quantifying scholarly efforts

Quantifying scholarly efforts serves three objectives:

1. It destigmatizes academic physicians who are fre-

quently regarded as “not working as hard” as pure clinicians;

2. It provides a metric to incentivize scholarly work product; and
3. It provides data to grow awareness of the efforts of academic physicians, which would otherwise be unknown.

In its most basic form, an institution itemizes the scholarly work products that align with institutional priorities and summates them annually. For a university-based AMC, federal grants, published manuscripts, and invited lectures are the coin of the realm. Adding these up for each faculty member provides a basic metric for annual performance. For a clinically-oriented center, administering clinical trials or presenting clinical lectures might be more valuable.

A more sophisticated approach builds in relative values to each work product, based on the work effort required. Winning an NIH Research Program grant may take an entire year to achieve, compared to giving a one-hour grand rounds presentation. Therefore, receiving a grant would garner more points. Summated over a year, the relative value units provide a measure of scholarly effort akin to cRVUs for proceduralists.

Linking these academic relative value units (aRVUs) to compensation is where the controversy lies. Scholarly work product does not bring additional revenue into the health system, with the exception of extramural grant support. However, even with extramural support, the NIH salary cap falls below compensation levels for most academic physicians. This results in a salary gap above the percent of compensation awarded for a given percent effort.

### **aRVU compensation**

Institute profit-sharing within the academic department is one way to provide compensation for aRVUs. A portion of the annual net revenue is set aside for academic incentives. As with any financial incentive, the larger the monetary amount, the stronger the behavioral drive to seek the incentive. As a start, 10 percent of departmental revenue that is reserved for faculty compensation would be recommended. This 10 percent is paid to faculty in

proportion to the total departmental aRVU productivity.

For this system to be successful, there must be consensus that the plan is fair, transparent, and equitable. There must also be uniform faculty buy-in that academic work products are ultimately beneficial for practice at large, and worth the fractional reduction of the total clinical compensation for those who are not academic producers. The aRVUs must align with departmental values.

A long-term solution is for payors to provide additional reimbursement for activities that are associated with aRVUs.

Care provided at an AMC advances medicine for all and should garner additional financial support because an additional service is being rendered.

Implementing this long-term strategy will require coordination with the U.S. Department of Health and Human Services and the Centers for Medicare and Medicaid Services, as private insurers use these two organizations to benchmark reimbursements. In addition, this will require Congressional action, and will only be possible if physicians and patients stand together as advocates for health.

*Academic  
physicians need  
to be able to  
quantify their  
scholarly efforts.*

— Timothy Lucas, MD, PhD

### **Restoring balance**

The future of academic medicine is uncertain. Financial pressures create an unsustainable environment for academic physicians as they are asked to perpetually increase clinical volume. The inevitable result is an erosion in the quality of biomedical research and education, and continued human suffering in the face of disease.

Academic physicians are duty bound to advocate for the health of all. Excessive commodification of health care is a threat to our country’s health, and is directly measurable in job dissatisfaction and burn-out of clinician-scientists. The initial steps in restoring balance between clinical and academic productivity, are to quantitate and draw attention to academic physicians’ work efforts, and to link scholarly work products with compensation.

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