2015 Medical Student Service Leadership Project Awards

Alpha Omega Alpha is committed to preparing future leaders in medicine and health care. Leadership is about making a positive difference, and is learned through education, observation, and experience, and working with leader mentors. Service leadership may develop an excellent opportunity for students to develop as servant leaders. The most effective leaders are well grounded in and committed to positive professional values.

 $A\Omega A$ developed this award to support leadership development for medical students through mentoring, observation, and service learning.

The award provides \$5000 for the first year, \$3000 for the second year, \$1000 for the third year. Second and third year funding are contingent on acceptable interim reports.

The winners of this year's award are:

East Tennessee State University James H. Quillen College of Medicine—Emerging Leaders In Medicine



Left to right: Jeremiah Gaddy (Class of 2015), James "Jay" Johnston (Class of 2017, QCOM student leader), Eric Lederer (Class of 2015), and $A\Omega A$ councilor Reid Blackwelder, MD.

Student team leader Eric Lederer (A Ω A, East Tennessee State University, 2014); student team members Jeremiah Gaddy (A Ω A, East Tennessee State University, 2014), Cornelius Powell, and Jay Johnston; mentor leader Theresa Lura, MD (A Ω A, East Tennessee State University, 1997, Alumnus); and mentor Kenneth Olive, MD (A Ω A, East Tennessee State University, 1992, Faculty).

U.S. Air Force General W. L. Creech once stated, "The first duty of a leader is to create more leaders." It is in this spirit that East Tennessee State University's (ETSU) Emerging Leaders in Medicine (ELM) program was founded. This four-year longitudinal course will provide guidance and leadership education for medical students interested in developing and improving their leadership ability. The program is guided by the notion

that leadership is not necessarily an innate trait, but rather something that can and should be learned.

The program is broken into the following seven components:

- 1. Community service
- 2. Simulation lab scenarios focused on leadership and teamwork
- 3. Multidisciplinary education involving interaction with students and professors from the ETSU Colleges of Pharmacy, Nursing, Public Health, and Psychology
- 4. Online leadership modules emphasizing leadership in medicine
 - 5. Leadership lunches with guest speakers
 - 6. Leadership journal club
 - 7. Fourth-year elective in leadership development

The first three years will consist of both didactic and experiential learning. The didactic sessions will include online leadership modules, guest lecturers, and journal club participation, which will cover topics ranging from team member and patient communication to character traits common to successful leaders. The information and skills learned in these didactic sessions will be reinforced through experiential learning involving community service, simulation lab scenarios, multidisciplinary collaboration, and an end-of-year leadership retreat. This will create opportunities for students to practice and hone strong leadership techniques and characteristics.

Fourth-year medical students will solidify the skills and knowledge they have acquired over their medical training by taking a fourth-year elective in Leadership Development that will provide mentorship and oversight for junior members.

All activities will be overseen by A Ω A medical students, A Ω A faculty, and the ETSU student interest group Developing Leadership in Future Physicians.

Medical College of Georgia at Georgia Regents University—Medical Ethics: Pathway to Leadership in Medicine

Student leader Matthew Jones (A Ω A, Medical College of Georgia, 2014); student members Brice Hwang, Brian Sullivan, Lacey Williams, Connor Sweetnam, Travis Welsh, and Blake Vander Wood; mentor leader William Strong, MD (A Ω A, Medical College of Georgia, 1978, Faculty); and mentor Greer Falls, MD (A Ω A, Medical College of Georgia, 1995, Faculty).

Physicians face ethical challenges throughout all stages of their training and careers. Development of a mature understanding of medical ethics will be critical for physicians to lead in those tough clinical situations. Through the Medical Ethics: Pathway to Leadership in Medicine (PLM) at Georgia Regents University (GRU), students will gain ethical reasoning and leadership skills, and thereby enrich the GRU community through greater student engagement in medical ethics. Most importantly, the program will produce leaders with the ethical

foundation to be optimally prepared to handle ethical challenges in their future practice.

Pathway to Leadership in Medicine Curriculum—The PLM will provide medical students an interactive study of medical ethics and will promote leadership development during its four-year track. The program's goals are to develop leaders in medicine through experiential learning of medical ethics, create and implement an interactive ethics curriculum, and strengthen student participation in ethics processes at GRU. PLM will be a four-year elective that includes interactive seminars and a Student Ethics Committee (SEC) during the



Left to right: Dr. Greer Falls, Blake Vander Wood (MS1), Connor Sweetnam (MS1), Brice Hwang (MS2), Lacey Williams (MS1), Travis Welsh (MS1), Brian Sullivan (MS2), Dr. William B. Strong, and the Reverend Jeff Flowers.

first two years of medical school, and a student-driven project focused on integrating leadership skills and knowledge of ethics during the third and fourth years.

Student Ethics Committee—Beginning in the second year of the program, students will become members of the Student Ethics Committee. The SEC will serve to engage students in practical applications of medical ethics, and to provide a professional service to the GRU medical community. Members of the SEC will shadow GRU medical ethics committee members during their hospital rounds, and make policy recommendations to improve hospital practices and ethical education for all health profession students.

Mentorship—In addition to the medical ethics curriculum and Student Ethics Committee, the program will emphasize mentorship to develop leadership skills. Student-to-student mentorship will pair new students with older peers to enable approachable conversations about the challenges of their classes and about medical ethics. Faculty-to-student leadership will facilitate a more formal advising relationship for the students as they develop as student leaders over the course of their education.

Upon successful completion of each of the program

components, students will receive a distinction in Leadership in Ethics. The program will equip graduating PLM participants with years of leadership experience, a fundamental knowledge of medical ethics, and real-world exposure to ethical dilemmas.

University of California, Davis, School of Medicine— Inter-Professional Community Health Leaders Program

Student leaders Philip Summers ($A\Omega A$, University of California, Davis, 2013) and Trevor Cline; student members Jessica Rhodes ($A\Omega A$, University of California, Davis, 2015), Angela Rodgers, Leona Shum, Crister Brady, Jeremy Johnson, Melody Tran, Marielle Bolano, Kara Brodie, Karla Martinez-Tavera, and Ian Kim; and mentor leader Thomas Nesbitt MD, MPH (University of California, Davis, 1991, Alumnus).

Meeting the needs of a community, especially those that are underserved, requires not only capable, dedicated clinicians, but also competent systemic leadership. To address this need, we are developing a student-led, longitudinal, health professional educational track that will provide student activists with the skills to become agents of change for community health systems.

The Inter-Professional Community Health Leaders Program at UC Davis will be a two-year program combining a skill-based leadership course with a community-based service learning project. Our mission is to empower program participants with the insights and practical skills necessary to become leaders who can bring forth systemic, community-based health care solutions for underserved communities in California.

The program will integrate with the core curricula of the Schools of Medicine and Nursing at UC Davis, while establishing sustainable relationships and long-term educational and service opportunities with a variety of community partner organizations. The program will be managed by a group of twelve students, who will be responsible for establishing the program, solidifying relationships with community partners and faculty mentors, developing the didactic curriculum, and creating positions in community organizations for student placement. $A\Omega A$ faculty and senior students will be recruited to assist in curriculum development and as community project mentors to provide formative feedback on proposals and progress reports.

We plan to employ the Community Based Participatory Approach to Curriculum Development to include local expertise at every level of the program, ensure equal and mutual sharing of knowledge and power, and empower the community to guide the development of its future physician and nurse leaders. The program will include:

Didactics: Six months of curriculum developed by students, faculty, and community leaders, including approximately twenty interactive, discussion-based lectures, focused on developing leadership skills and perspectives essential to systemic improvements in community health. Topics will include an



Back row, left to right: Thomas Nesbitt, MD, MPH, student members Jeremy Johnson, Philip Summers, Ian Kim, Trevor Cline, and Marielle Bolano. Front row: Tonya Fancher, MD, MPH, Mark Henderson, MD, and A Ω A councilor Regina Gandour-Edwards, MD; student members Melody Tran, Kara Brodie, and Karla Martinez-Tavera.

introduction to local communities, health system, and social resources, and in-depth examinations of specific target populations, their unique health issues, and the organizations that address their needs.

- Community Placement: Participants will immerse themselves in a two-year internship with a local community-based organizations. Opportunities will range from experience in health policy, health care and non-profit administration, health law, community organizing and advocacy, preventive medicine, community health education, and will include addressing the needs of specific communities including mental health, addiction, women's health, pediatrics/adolescent health, elder health, and undocumented residents.
- Presentations: Participants will submit a final report summarizing their project and give an annual presentation for UC Davis faculty, students, community members, and the $A\Omega A$ chapter.

We will spend the 2015 through 2016 fiscal year developing the program to solidify our three tiered leadership structure between student leaders, faculty mentors, and community leaders, and create our curriculum and community internships. We will enroll our first pilot cohort of five to ten medical and nursing students in 2016 for the 2016 through 2017 fiscal year. Based on the feedback we receive from our pilot cohort of 2016/2017, we hope to improve and perhaps even expand the program as it is institutionalized and given permanent funding.

Louisiana State University School of Medicine in New Orleans—LSUHSC InterProfessional Student Alliance (IPSA)

Student leader Katelyn Fusilier (A Ω A, Louisiana State University School of Medicine in New Orleans, 2014);



Standing, left to right: Temple Barkate, Katherine Howe, and JoAnn Tran (Dental). Sitting: Morgan Walker, Jake Quinton, and Brittany Dyess (Nursing).

student members Katherine Howe, Jacob Quinton, Temple Barkate ($A\Omega A$, Louisiana State University School of Medicine in New Orleans, 2015), Morgan Walker ($A\Omega A$, Louisiana State University School of Medicine in New Orleans, 2015), Joann Tran, and Brittani Dyess; mentor leader Robin English, MD ($A\Omega A$, Louisiana State University School of Medicine in New Orleans, 1999, Resident); mentors Demetrius Porche, DNS, PhD, and Sandra Andrieu, PhD.

Louisiana State University Health Sciences Center in New Orleans (LSUHSC-NO) recognizes that interprofessional training and collaboration are necessary to develop future health care leaders. In response to local health disparities, LSUHSC-NO students developed three community service projects that address some of the city's most challenging public health issues: child obesity and malnutrition, STIs and youth pregnancy, and medical management of diabetes. Each project is run and staffed by student volunteers from various health professional programs, including LSUHSC-NO Schools of Medicine, Nursing, Allied Health, Public Health, and Dentistry. While each project was successfully implemented on its own, there was no overarching organization to unite the existing service projects, foster the development of new projects, or develop effective student leaders. As such, the InterProfesional Student Alliance (IPSA) was formed to meet those needs. The mission of IPSA is to address health disparities in the greater New Orleans area through interprofessional teams of LSUHSC-NO students serving local underserved communities. The purpose of IPSA is to function as a student-run initiative "incubator," providing interprofessional leadership development and faculty support to service projects. This mission and purpose drive us toward the following objectives:

- 1. Increase the number of health-related services to underserved communities in the greater New Orleans area.
- 2. Improve leadership skills among student leaders at LSUHSC-NO.
- 3. Increase the number of opportunities for LSUHSC-NO students to work in interprofessional teams.

4. Increase the number of opportunities for students in different health professions schools at LSUHSC-NO to communicate with one another and coordinate service projects.

Medical students in IPSA develop as leaders while concurrently collaborating with other health professions students throughout their four years of study. More specifically, IPSA members will work with interprofessional community health and health care delivery service projects, develop community health and health care delivery service projects of their own, attend leadership development workshops (outlined below), and serve as mentors to the IPSA members who come behind them.

Over the next three years, IPSA will offer eight workshops to all LSUHSC students with a focus on critical concepts of service leadership, management, and community advocacy skills. These workshops include:

Year 1	Year 2	Year 3
Feedback: Giving, receiving, requesting	Feedback: Giving, receiving, requesting	Feedback: Giving, receiving, requesting
Negotiation simulation	Negotiation simulation	Negotiation simulation
MBTI Myers & Briggs Personality Inventory	MBTI Myers & Briggs Personality Inventory	MBTI Myers & Briggs Personality Inventory
Balancing day-to- day needs with organizational goals	Balancing day-to- day needs with organizational goals	Balancing day-to- day needs with organizational goals
	Budgeting basics, board development, and responsibilities	Budgeting basics, board development, and responsibilities
	Understanding the health care system in 2015 (2016, and forward)	Understanding the health care system in 2015 (2016, and forward)
		Policy advocacy
		Writing about health in the popular press

Each workshop will start by introducing the topic through a case study highlighting the role of health disparities in New Orleans. Students will then participate in small group activities such as discussion sessions, role plays, and/or individual mentorship to allow students to apply what they've learned to their particular service project. The leadership skills expounded and practiced during the workshops will be put to immediate use in the IPSA-approved service projects. In this way, students will become comfortable exercising these skills before they arrive to the work force.

The A Ω A Medical Student Service Leadership Award allows IPSA to increase its resources to facilitate interprofessional education in two ways: 1) provide students with opportunities to be involved with additional community service projects, and 2) implement a series of leadership development workshops that teach leadership skills applicable to team-based

collaborative practice. The result will be higher-quality leaders and service projects at LSUHSC-NO, and better interprofessional health care teams, patient outcomes, and community health in Louisiana's future.

Mayo Medical School—Mayo Medical School Leadership Development through Community-Generated Action Plans

Student leader Jessica Saw; student members Alexander Ginsburg, Leah Schmelkin, and Adeel Zuhair; and mentor leader and $A\Omega A$ Association Chair Judith Kaur, MD ($A\Omega A$, University of Colorado, 1979).

Mayo Medical School (MMS) Leadership Development through Community-Generated Action Plans (C-GAPs) is a student-led program that will train medical students to facilitate community-engaged projects with the goal of improving health.

The program will prepare medical students for community engagement through a two-part learning process involving:

- 1. A didactic classroom curriculum to teach students theories and methods of community engagement.
- 2. An experiential curriculum in which students will work with an underserved community to develop and implement a plan of action, which we will refer to as a Community-Generated Action Plan (C-GAP).

As such, the project will allow students to transfer leadership skills from the classroom to underserved communities. The initial hands-on project will use the topic of food and nutrition as a vehicle for developing a community-engaged project with low-income residents of Rochester, Minnesota. Subsequent projects will be developed each year in consultation with Rochester community members.

Didactic Curriculum: Leadership Education Program in Medical School

To train medical students in the techniques of communityengaged project development, MMS Leadership Development through C-GAPs will develop a didactic curriculum for firstyear medical students. The curriculum will introduce students to the importance of community engagement, present examples of successful participatory processes, and teach strategies for engagement. The participatory techniques that students will be taught include, but are not limited to: town hall meetings, public achievement, focus groups, design charrettes, qualitative interviews, survey design, and health commons model.

The didactic curriculum will also incorporate speakers who have successfully facilitated community-engaged projects and can speak to their own work as well as to the benefits and challenges they see in participating in community-engaged endeavors. In addition, panels of Rochester community members will provide medical students with a better understanding of community perspectives on public engagement.



Top left to right: Student team members Jessica Saw (M3), Adeel Zubair (M3), Leah Schmelkin (M2), and Alex Ginsburg (M1). Bottom left to right: Faculty team members Dr. Judith Kaur, Dr. Carola Arndt, Dr. John Bachman.

Experiential Curriculum: Community Service Project

Following the didactic curriculum there will be an experiential curriculum that transfers learned principles to a community service project focused on healthy living. For the first year, the project will serve as hands-on training for students to develop and implement a C-GAP to address barriers to healthy eating facing low-income residents of Rochester.

There are two phases to the community project. The first phase will be a community-generated needs analysis, utilizing public engagement techniques learned during didactic sessions. Students will lead the community in a multi-stage public participation process to delineate barriers to healthy eating, solicit community-generated solutions, and document these findings into a formalized C-GAP.

The second phase will be implementation of the C-GAP with the community. While the specific interventions cannot be identified before the community-based process occurs, issues of cost, proximity to grocers, time to prepare meals, and cooking skills are among the barriers to healthy eating that other communities have addressed.

Uniformed Services University of the Health Sciences F. Edward Hébert School of Medicine—Bethesda Cares H.O.M.E. Team Project

Student leader Mark Prats (A Ω A, Uniformed Services University, 2014); student members Tiffany Chang, Holly Berkley, and Kristin Wertin; and mentor leader Mark Stephens, MD (A Ω A, Case Western Reserve University, 1993).

For the past three years, students at the Uniformed Services University (USU) have partnered with local organization Bethesda Cares to improve the lives of the hundreds of homeless individuals in Montgomery County. The relationship initially involved students conducting health vulnerability surveys on a biannual basis. Since then, the relationship has grown, students now counsel clients at the Bethesda Cares office, and conduct home visits to check on the health of medically vulnerable individuals recently placed in permanent housing. Moving forward, the H.O.M.E. Team hopes to expand student involvement in the medical care of those who remain homeless. The funds from the $A\Omega A$ Medical Student Service Leadership



Left to right: Second Lieutenant Mark Prats (MS4), Andrea Loejos Lee of Bethesda Cares, Commander Adam Saperstein, Ensign Kristin Wertin (MS1), and Captain Mark Stephens.

Award will be used to acquire medical supplies and medications to treat acute and chronic ailments as students and their physician mentors take their medical skills to homeless camps in the region. In addition to these direct medical care experiences, students will participate in a student developed leadership curriculum. This curriculum will complement the strong leadership curriculum already established at USU, with the aim of cultivating skills necessary to inspire others in our communities to take action in addressing the homelessness issue.

As the nation's Leadership Academy for Military Physicians, USU provides its students with an extensive leadership curriculum. Throughout their four years at USU, students are pushed to expand their skills in communication, team building, and problem solving. The leadership curriculum culminates in a simulated deployment during which students, in teams of roughly twenty, establish and run a forward field hospital for seventy-two continuous hours. During the grueling threeday experience, students rotate through various leadership positions each with its own set of task to be performed while the overarching mission to provide medical care to incoming causalities is completed. While in these leadership positions, students are observed and graded by designated faculty as well as by their peers, providing the students with feedback regarding their strengths and areas for improvement as leaders. Every four-hour rotation ends with a student-run group debriefing session, allowing students to discuss strategies to improve operations within the unit.

The student leaders of the Bethesda Cares H.O.M.E. Team Project have developed eleven activities focused on pushing student participants to identify and cultivate the skills needed to inspire action. These activities will take place on a monthly basis throughout the school year, using various media forms to stimulate discussion amongst the students. Skills gained

during these sessions will build on each other, with early activities focused on attributes shared by leaders who have made significant impacts on the students' lives. Later sessions will focus on the power of effective message communication by looking at techniques used by today's most powerful brands and grassroots organizations. As students move through the year, the student leadership and staff of Bethesda Cares will identify ways for students to apply their new skills to further the mission of Bethesda Cares.

Ponce School of Medicine and Health Sciences— Ponce School of Medicine Leadership Conference

Student leader Elisa Quiroz; student members Jennifer Claudio ($A\Omega A$, Ponce School of Medicine, 2014), Maria Eugenia Mulcro, and Angie Paz; mentor leader Miguel Magraner, MD ($A\Omega A$, Ponce School of Medicine, 1999, Alumnus); and mentor Pedro Castaing Lespier, MD.

As we are well into the twenty-first century, the Puerto Rican community continues to suffer from a relentless socio-economic crisis. The statistics are horrific, while programs geared toward educating the island's low-income residents are nearly unheard of. The dire economic situation in Puerto Rico has made philanthropy a rare entity. In addition, universities struggle to provide students with resources that even a community college on the mainland is able to offer. Lack of education is a recurring theme that has led to violence, drug abuse, and extreme poverty. As is the case in many inner cities on the mainland, the poorest of the poor have become marginalized with little or no access to many services.

In 1950, a young nun founded a small clinic in one the poorest neighborhoods in southern Puerto Rico in order to provide medical care and preventive services to the most marginalized citizens. Her work continued throughout the latter part of the century—and continues long after her death in August of 2000. With over forty initiatives, the Sister Isolina Ferré Centers (CSIF) provide a wide range of services, including alternative education and tutoring, among many others. Sister Isolina Ferré was truly a visionary and was able to make significant strides in the advancement of the Puerto Rican community, but the island is still in dire need of community service initiatives.

Through leadership training and community service, this project will provide the skills and inspiration to young minority physicians to join the effort of ending racial disparities, a dire issue throughout the United States. Being role models for young people will help the medical students practice their leadership skills in an environment that is in great need of such an intervention. The project is divided into two components, both of which are geared toward developing leadership and professionalism in minority youth.

Ponce Health Sciences University Global Leadership Conference—Through a series of activities and workshops, participating students will develop leadership skills and identify

ways in which they can apply these skills as professionals. The local Alpha Omega Alpha chapter will lead an activity in which participants compete in various areas of professional development in a fast-paced challenge. An emotional intelligence workshop will be offered through Ponce Health Sciences University's Psychiatry Department, and a guest motivational speaker will give a talk on public speaking and leadership. The director of the local Sister Isolina Center will speak about the history of the centers and also give an orientation for the youth project. Students with an interest in global health and minority issues will be recruited from around the country to participate alongside to local students.

Youth in Action Program—The idea behind the community project is to provide the young people in local impover-ished neighborhoods with the skills and confidence to become leaders in their own communities. Rather than developing interventions that we consider right for their neighborhoods, we will motivate them to take action and assist them in carrying out their own ideas. In collaboration with the local Sister Isolina Ferré Center, medical students will lead groups of young adults in the design of small projects that fulfill the needs that they identify within their community. A partnership agreement has been developed with the local Sister Isolina Ferré Center, and participants' work will later be given credit toward their high-school equivalency.



From left: Project mentor Miguel Magraner, MD; PHSU Dean of Medicine Olga Rodriguez, MD; Recruitment Chair Dayana Reverón (MS1); Project Leader Elisa Quiroz (MS3); Conference Director Yariana Rodriguez (MS1); Community Service Director Janice Vivaldi (MS1); PHSU Associate Dean for Faculty and Clinical Affairs Raúl Armstrong, MD.