

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

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.

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

The AΩA Fellow in Leadership program recognizes and supports the development of outstanding physicians into leaders through the tenets of the Inward Journey (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 program are:

1. Self-examination through the Inward Journey (learning to lead oneself before leading others);
2. A structured curriculum focused on leadership, and the relationship between leadership and management;
3. Mentors and mentoring;
4. Experiential learning to broaden the perspective and understanding of leadership as it relates to medicine and health care; and
5. Developing communities of practice.

Nominations for the 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 an experiential leadership project, serves as a role model, offers advice as needed, and connects the Fellow with key individuals in leadership positions.

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

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

The 2021 group of AΩA Fellows in Leadership program—Jay MacGregor (AΩA, University of North Dakota School of Medicine and Health Sciences, 2010, Faculty), John P. Riordan (AΩA, Virginia Commonwealth University School of Medicine, 1992), and Rachel Marie E. Salas (AΩA, The Johns Hopkins University School of Medicine, 2020, Faculty)—was selected for diverse backgrounds, career performance and success, leadership experience, mentor support, and each one's leadership project.

The Fellows successfully completed their year of leadership development and they joined 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 8, 2022 annual meeting.

## Jay MacGregor, MD



Dr. MacGregor (AΩA, University of North Dakota School of Medicine and Health Sciences, 2010, Resident), Vice President of Medical Affairs (Allina Health); Assistant Professor of Surgery, University of Colorado (Anschutz) School of Medicine, Aurora, CO.

As a college junior I spent my Spring semester studying in Greece. One question came up repeatedly: Why do Americans use Greek letters to represent their clubs and organizations? It remains a great question.

The first (*Alpha*) and last (*Omega*) letters of the Greek alphabet are layered in symbolism. Judeo-Christian traditions reference the Divine as the "*Alpha and Omega*, the beginning and the end, the first and the last."<sup>1</sup> The poet Homer similarly recognized their importance: heroes Achilles and Odysseus personified *Alpha and Omega*, respectively.<sup>2-3</sup>

These letters are significant. They put more than a little pressure on Fellows in Leadership to make the most of an opportunity offered by an organization named Alpha Omega Alpha Honor Medical Society (AΩA).

The author Joseph Campbell famously stated, "You are the Hero of your own Story."<sup>4</sup> Campbell discovered that powerful stories follow a narrative arc: the Hero's

journey. While being a Fellow in Leadership does not make anyone a hero, I believe the undertaking—a yearlong process of self-discovery and professional growth—is significant. For this reason, I suggest that the “Fellow’s journey” mirrors the steps described by Campbell. That was certainly the case for me. This is my Fellow’s journey.

## **Act I: The departure**

### **Step 1. Ordinary world**

Very little felt ordinary in 2020. The COVID-19 pandemic pushed the health care industry, and seemingly every industry, to a breaking point. As weeks turned into months, crisis management became the daily routine. Many physicians, if able, chose retirement over this new and uncertain reality. The exodus of senior health care leaders forced numerous mid-career physicians into professional battlefield promotions. This was my experience, resulting in a new assignment within the Veterans Health Administration (VHA).

### **Step 2. Call to adventure**

I met Ron Robinson, MD, MHA, MBA, FACHE (AQA, University of Texas McGovern Medical School, 1993 and 2016 Fellow in Leadership) on January 19, 2021, my first day as the Deputy Chief of Staff at the Denver VA. Almost immediately, Ron recommended the AQA Fellow in Leadership. At the time I assumed Ron was exaggerating when he called his Fellowship year “life changing”. Little did I know the prescience of his words.

### **Step 3. Refusal of the call**

Hearing about the Fellowship triggered a flood of excuses: too busy, new job, a pandemic, my daughters are young. Steven Pressfield wrote, in *The War of Art*, “the more important a call or action to our soul’s evolution, the more Resistance we will feel toward pursuing it.”<sup>5</sup> Whether it was Pressfield’s “Resistance,” or Midwestern practicality, I didn’t feel up to the challenge.

### **Step 4. Meeting with the mentor**

Despite my hesitation, Ron connected me with the AQA Chief of Staff, Dee Martinez. In a year filled with outstanding mentorship, it was Dee who provided the encouragement to apply for the program. In addition to many objective reasons to postpone this application, there was an even greater subjective hurdle: I doubted I would be accepted.

My election to AQA was based on success as a General Surgery resident (not to mention a tremendously

supportive Chair of Surgery, and mentor, Robert P. Sticca, MD, FACS). Medical school, in contrast, was filled with setbacks and failures. It is not an exaggeration to say I was closer to flunking out of medical school than being invited to join an academic honor society. Perhaps, that is why even now, decades removed from the trials and tribulations of undergraduate medical education, I still feel like an imposter within these ranks. Despite my hesitation, Dee offered encouragement and support.

## **Act II: Initiation**

### **Step 5. Crossing the first threshold**

There is no way to apply for this fellowship anonymously. Required letters of support from your boss, your mentors, and your hospital’s CEO make the application process feel quite public. Crossing the threshold was, for me, the act of applying. Once committed to this decision, I was prepared to apply multiple times, over multiple years, if necessary. It was a wonderful surprise to receive a call from the AQA office in early May with the news: I was selected.

### **Step 6. Tests, allies, and enemies**

From the first moments of orientation to the final presentations before the AQA Board of Directors, the AQA community of mentors provided unconditional support. However, leadership development without engaging in real-world leadership challenges is like trying to play baseball without a bat. You can’t simply talk about these skills; at some point you must attempt to hit a curveball. The Fellowship project is an opportunity to put theory into action.

My initial project proposal was simple and safe: a review of perioperative complications at my tertiary VA facility. This topic kept me securely within my professional comfort zone. However, what I proposed offered little room for growth.

A COVID-19 staffing crisis ended this project before anything meaningful was accomplished. In retrospect, dropping this project was inconsequential, but at the time it felt like a disaster.

In need of a new project, I decided to focus on one of the best parts of my job: hearing Veterans share their stories. Aided by the face-to-face Inward Journey discussions with Dr. Wiley “Chip” Souba (AQA, University of Texas McGovern Medical School, 1978) and Kathi Becker, a second project concept emerged documenting the unique stories of rural Veterans.

Despite my great enthusiasm, this project quickly became ensnared by Federal restrictions. Talking to Veterans in this way and sharing their stories raised privacy concerns. Almost before it started, my second project was scrapped.

### A third start

Now well into the year, I feared I would not be able to complete a meaningful project. Discussing the Fellowship with colleagues led to a recurring question: Why didn't we have something like this in medical school?

Colleagues at the University of Colorado School of Medicine (which is located on a shared campus with the Denver VA) connected me with Assistant Dean for Medical Education, Dr. Chad Stickrath (AQA, University of Colorado, 2016, and 2022 AQA Fellow in Leadership). Chad was also asking this question, and he was answering it. Charged with developing the University of Colorado's Post Clerkship (third and fourth year) longitudinal curriculum, Chad was working to incorporate bioethics, humanities, and leadership into the medical school experience.

Chad was looking for a co-director of a yet-to-be-created Health System and Community Leadership curriculum. I applied for and was accepted for the role. AQA leadership approved this effort as my new project. Dr. Richard Byyny (AQA, Keck School of Medicine of the University of Southern California, 1964) noted the relevance of the project and my excitement to be a part of this amazing curriculum change.

Many of the concepts learned during the Fellowship paired nicely with curriculum objectives we created for the next generation of student doctors. Perhaps as the result of my referencing the Fellowship ad nauseum, Chad decided to apply and was selected as a 2022 Fellow. Drawing from the Fellowship's community of practice, we are creating an educational experience that teaches leadership development as both an academic and experiential discipline.

For reasons still unclear, creating a medical school curriculum raised conflict of interest concerns within the VA system. This time, it was not the project that would need to change.

### Step 7. The approach

The Approach is described by Campbell as the "nervous contemplation before the massive Ordeal."<sup>4</sup> Ron Robinson's initial description of the Fellowship as "life changing" rang in my ears. The regulations of Federal

health care felt overly restrictive. The challenge of getting my project approved was emblematic. It was time to explore something new. I decided to find a new job.

Of note, I believe I am the first Fellow to officially "fire" a mentor. This is likely an underappreciated opportunity for growth. Mentors are not Supreme Court Justices; there is no requirement for lifetime appointment. Hold your mentors accountable. If they only support you on their terms, they are likely not supporting you much at all.

### Step 8. The ordeal

Leaving the VA required hope in a future unseen. Regular conversations with my AQA faculty liaison, John Tooker, MD, MBA, MACP (AQA, University of Colorado, 1970) provided the framework and direction for navigating next steps. Dr. Tooker frequently brought up the power of writing as a tool for leadership. Winston Churchill, he reminded me, received the Nobel Prize in Literature. I started journaling frequently to help crystallize thoughts and plans.

Conversations with Dr. Tooker also highlighted the importance of physician engagement in health care policy. He encouraged me to better understand how policy is created, which led to my enrollment in a Master of Jurisprudence focused on health care policy. Using the Fellowship educational grant, I am now enrolled in law school.

### Step 9. Reward

Leaving my job was a risk. There was no guarantee that my experiences within the VA system would translate to leadership opportunities outside of it. Even so, I felt the reward was not simply finding a new position, but rather the confidence to try something different, to take a chance, to bet on myself.

## Act III: The return

### Step 10. Road back

Returning to the job market was humbling. Promotions within an organization are frequently based on longstanding relationships and well-established succession plans. Entering a new health care system, in contrast, requires online applications, phone calls with recruiters, and Zoom interviews. The job search took several months and was neither fun nor easy. Ultimately, I found a role seemingly tailor-made for my professional interests in a location closer to family and friends. My professional gamble paid off.

### Step 11. Resurrection

This step is a story's climax: Luke destroys the Death Star (Star Wars); Neo becomes The One (The Matrix).<sup>6-7</sup> I am happy to report that I now have a job I love that allows me to utilize the skills developed during the Fellowship. The hard work I did looking inward helped me become a better husband and father. This might not be the stuff of heroes and Hollywood, but it would be hard for me to create a more meaningful ending to this story.

### Step 12. Return with the elixir

My Fellowship year can't be appropriately summarized by getting a better job or meeting incredible people. If there is an elixir to share from this journey, it is encouraging others to prioritize the work of personal and professional development. A career in medicine can, at times, leave us all feeling like little cogs in a wheel, an "object with properties."<sup>8</sup>

A supportive community, coupled with the luxury of protected time and grant funding, make this program exceptional. I am forever grateful to AΩA for providing this opportunity. Perhaps, best of all, is recognizing that the Fellowship experience does not truly end; whatever is next, from *Alpha* to *Omega*, the journey continues.

### Acknowledgment

I want to extend a special thank you to my wife and best friend, Kjerstin. Thank you also to Rachel and John; I couldn't have asked for a better Fellowship cohort.

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### John P. Riordan, MD, MSc



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"Leadership defines what the future should look like, aligns people with that vision, and inspires them to make it happen despite the obstacles."

—John P. Kotter<sup>1</sup>

I am humbled and grateful for the opportunity to share my leadership journey. "Timing is everything and it's never the right time." "Leaders are born and not made." "You can't teach an old dog new tricks." These were the narratives I had created for myself when I discovered the Alpha Omega Alpha Fellow in Leadership program while browsing the internet, in January 2020, after which I struggled with the following question: Is it worth the extra time and effort at this point in my career to travel this road? Fortunately, the answer was "yes."

### Timing

Seeking more information about the Leadership Fellowship, I decided to reach out to the Alpha Omega Alpha (AΩA) home office. Dee Martinez and Libby Appel were incredibly helpful and could not hide their enthusiasm for the opportunity. They suggested I contact a few of the past fellows to gain further insight to truly understand the value proposition.

In reaching out to fellow after fellow, their responses were consistent, unequivocal, and overwhelmingly positive. This was an opportunity to grow as a leader and to become part of something special. This was my initial exposure to the AΩA Fellows Community of Practice.

First, I reached out to my local AΩA Chapter at The University of Virginia (UVA) seeking an endorsement. It turned out our AΩA Chapter had not ever nominated a candidate for the fellowship. Fortunately, they agreed to nominate me.

Next, I pitched the idea to the School of Medicine Dean and Health System CEO. They, too, were on board. All I still needed, was a project and a few mentors. My department chair, Dr. Robert O'Connor agreed

to serve as one of my local mentors along with the School of Medicine Senior Advisor for Educational Affairs Dr. Mary Ellen Gusic (AQA, Penn State College of Medicine, 2009, Faculty). Together, we crafted a project to create a longitudinal curriculum thread for UVA medical students related to Quality and Patient Safety.

The application cycle deadline was quickly approaching in early March. My team and I worked diligently to complete the necessary materials by the deadline. Needless to say, I was disappointed a few months later when I was not selected for the 2020 cohort. Another narrative crept into my mind, “I’m not good enough.” Little did I know how much all of our lives were about to change in the coming months.

### Service

Fast forward one year. The world had been forever changed by the COVID-19 pandemic. I was physically and emotionally exhausted. Did I really have the energy or enthusiasm to reapply? The UVA health system had new leadership. Would they be willing, or able, to support my application? Would my support team still be willing, and able, to help me? Finally, and most important, would I actually be selected? The 2021 Fellowship application cycle deadline was looming closer and closer.

I reconnected with the previous Fellows that I had worked with a year earlier, seeking their guidance. Once again, the AQA Fellows Community of Practice supported me with enthusiasm and encouragement. They remained optimistic that I had a good chance to be selected. My local mentors, my UVA AQA chapter leadership, and the health system leadership agreed to try again.

This time, I was selected. I had just learned my first of many important leadership lessons. AQA leaders not only serve the suffering, they are willing to serve others as well.

### Iceberg

In brief, my fellowship consisted of a structured curriculum, integrated alongside a longitudinal project, to facilitate experiential learning. This learning took place as a member of an intimate cohort of three Fellows. The Fellows were led on a journey by a diverse and generous faculty and local mentors, all who sought to help us unlock our leadership potential.

Describing the program with words on a paper is like looking at a picture of an iceberg. Those words

represent what you see of the iceberg above the water’s surface, while in actuality, it is much more difficult to see or to put into words what lies beneath the water’s surface—the transformational effect this experience ultimately creates.

### Foundation

One of the very first lessons, described by Dr. Chip Souba, as: “The most important unit for performance is the relationship.” This foundational concept proved to be the catalyst for everything that followed during the fellowship year.

Our cohort was fortunate. Although we started virtually, due to the ongoing COVID-19 pandemic, we were able to transition to a hybrid experience that included both virtual and in-person sessions. Ultimately, it was establishing, exploring, and leveraging the relationships with each other and the faculty that proved to be the blueprint for success.

### Entrustable

In 2014, the American Association for Medical Colleges (AAMC) published 13 Core Entrustable Professional Activities (Core EPAs).<sup>2</sup> This competency-based medical education (CBME) framework was created to ease the transition from medical school into residency. The goal for the medical student is to be able to perform these activities with indirect supervision on the first day of residency.

As a founding member of UVA’s Master Assessor team, I was involved in the implementation of the EPA project in July 2017. This first phase involved deploying select EPAs during the clerkship months of the school of medicine curriculum.<sup>3</sup> All students were assessed following direct observation by faculty, residents, and fellows. My AQA project was to facilitate the expansion of the Core EPAs into select post-clerkship rotations.

Unlike creating and operationalizing an entirely new program, building on a previous one creates additional complexity. There are likely biases formed by the past experiences of participants involved in the original program, which could impact acceptance of the expansion. How would the stakeholders react? Would they appreciate the value proposition associated with expansion, or would they see the additional EPAs as more work added to an already busy post-clerkship?

UVA welcomed a new School of Medicine Dean. Her previous institution had not integrated the Core

EPA's into their curriculum. Not surprisingly, all involved saw this as an opportunity.

I used the Leadership Fellowship platform to facilitate building networks to proactively address the potential barriers to completing my project. According to Ibarra and Hunter, successful leaders build three types of networks.<sup>4</sup>

1. Organizational
2. Personal
3. Strategic

Again, I reached out to the AQA Fellows Community of Practice to expand my personal network, seeking others with EPA experience. I approached the new UVA SOM leadership to create a strategic network, seeking support for the expansion. I also engaged with new operational networks to help "get the work done." Ultimately, the EPA expansion was successfully launched at UVA in January 2021.

### Reflection

Having finished the AQA Leadership Fellowship, I have had time to reflect on this unique and unexpected venture. This was one of the most impactful experiences of my professional career and personal life. As physicians, we are dedicated to continuous learning; however, true change requires we start with an "inner journey." This process then becomes the catalyst to "teach an old dog new tricks."

As it turns out, leaders can be "made" and we are all "good enough" to serve as physician leaders.

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### Rachel Marie E. Salas, MD, MEd, FAAN, FANA



Dr. Salas (AQA, The Johns Hopkins University School of Medicine, 2020, Faculty), is Professor, Neurology and Nursing at Johns Hopkins Medicine, Director, Neurology Clerkship, Baltimore, MD. She was recently named a 2022 AQA Robert J. Glaser Distinguished Teacher.

I had just submitted my application for promotion to full Professor in early February 2020 at Johns Hopkins School of Medicine. While putting this application together in the preceding months, I reflected on my journey and began thinking about what was next for me. I recalled joining the Department of Neurology as an Assistant Professor in 2008. Fast forward years later, I was given the green light from my department that I was ready to be considered for promotion to Professor. It had not been an easy road. Like many, I suffered from impostor phenomena early on, and it almost took me out of medicine and Hopkins, a place that had supported and developed me.

As I thought about my journey, I recalled instances where I believed things could have been easier. There were times that I felt a sense of not belonging, which held me back early in my career. It is quite easy at a place like Hopkins, to feel disconnected or like you don't belong. There are so many fabulous people doing amazing work that it is easy to compare yourself to them and often feel like you don't measure up.

While I did find joy in teaching, this passion was not well nourished. I was told that being an educator would not get me promoted. Those before me followed the recipe to success by getting grants, publishing, and being exemplary clinicians. At an institution like Johns Hopkins, to be the "triple threat" was expected. However, I quickly found myself burning out.

By 2009, I felt overwhelmed as an early career faculty, a new mother, and being away from extended family. I remember looking around and seeing few underrepresented in medicine (UIM) leaders at the institution and very few women who were professors in my department (all neuroscience researchers; no clinician-educators): I read the writing on the wall as saying that I would never make it.

By the end of 2009, my joy for medicine was gone, and I was ready to give up.

The quote, “you cannot be what you cannot see,” by Marian Wright Edelman, resonated with how I felt. I remember having frank discussions with my peers, almost daily, about leaving Hopkins and leaving medicine. Those deep, exposing conversations allowed me to self-reflect and eventually take ownership of my career.

Through my peers’ support and getting involved in things where I could see I was making a difference, I overcame my negative inner talk. By 2010, I had picked myself up and became determined to be the UIM woman role model and leader that was not there for me to see overtly. I rewrote Edelman’s script in my head, so it now reads, “If you cannot see it, be it.”

For me, the “it” was a successful clinician educator. I wanted to show others that one could be promoted to professor as a clinician-educator at Johns Hopkins without a NIH Career Development K-Award or NIH Research Project grant (RO1).

For more than a decade, I have dedicated myself to developing as an educator and medical education scholar. I obtained formal training in education, took on leadership roles, and engaged in educational research.

In 2019, I was selected as a Josiah Macy Faculty Scholar, which has been the most significant catalyst in my development as an educator, and has given me recognition as an educator scholar. Not long after, I was recognized as a clinician educator at Hopkins and nationally. Others began to come to me to seek mentorship and guidance on successfully developing as a clinician educator.

In 2019, I also was accepted into the American Medical Association (AMA) Health Systems Science Scholars Academy, which helped me frame my professional identity as a clinician and educator. It also provided me with Just-In-Time-Training for the coming global pandemic.

In March 2020, Johns Hopkins School of Medicine, as well as all medical schools across the globe, was shut down. It was then that I realized I would be forced to step up, and put all I learned to use as the director for the neurology clerkship. It became a whirlwind of many things all at once. By April 2020, I found myself reflecting on what was important. If the pandemic had not hit, I would have been on the road to becoming an educational dean, because, of course, that was the next logical step for me (another recipe). The pandemic forced me to deeply look at everything around me for the first time in a long time. I had been separated in my marriage for five years, and was co-parenting our two

teenage sons, with no family in the area. I was amazed that it had been more than a decade, and I was still in Baltimore, away from my extended family, which had not been the plan. I was only supposed to stay in Baltimore for my two-year sleep medicine fellowship. For the first time, I felt alone.

I had been doing so much travel and working on so many projects before the pandemic that I did not realize how much time had gone by.

When the pandemic forced us all to stay and work from home and teach our children from home, things quickly came into focus for me.

In 2015, I lost my father to a myocardial infarction. Shortly after, plans were made for a divorce. I did what most people do, focus my attention on work and my two boys. But when the pandemic hit, it showed me that I had been putting my extended family aside and that it was time to go back home.

For most, this decision would mean leaving their current job and finding a new one. However, this was not going to work for me as I had come to love my place at Hopkins and all the people I was working with. I was not ready to leave. It was then that I made a goal to begin to work toward creating an opportunity so that I could work in a hybrid fashion and spend more time with family in Texas.

### A time for change

The pandemic forced all to embrace telehealth, and as a sleep neurologist, I found telehealth particularly helpful in my specialty, providing me with the insight into my patients’ living and work spaces. I had telemedicine training all through medical school and residency at the University of Texas Medical Branch in Galveston, so was quick to pivot once the pandemic hit, particularly when state licensure allowed for more flexibility. I did not doubt that I could make my clinical practice work remote permanently.

In 2021, I got my Texas license and expanded the reach of the Johns Hopkins Center for Sleep and Wellness with TeleSleep. Since then, I obtained my Florida Telehealth license.

To truly be in a hybrid faculty role, I needed to transition from my educational roles. I have been the Neurology Clerkship Director for more than a decade and had already started a process to identify a successor and begin my transition prior to the pandemic.

In January 2023, I stepped down from the Director of Interprofessional Education and Collaborative

Practice for the School of Medicine, a role I held for the last five years. Both my educational leadership roles have remained 100 percent virtual since March 2020, but I knew it was only a matter of time that these would require me to be back in person to some degree at some point. Beyond that, I had decided to move on with my interests in health systems science, leadership, and professional development. Thus, it was clear that it was time for a new chapter in my career.

### **AQA Fellowship in Leadership program**

In 2021, I learned about the Alpha Omega Alpha Leadership Fellowship. After reading the details, I realized that this was precisely what I needed for my career. I began the program in the summer of 2021.

The program provides \$30,000 for experiential leadership and continuing leadership development. I used some of the funds to hire an executive leadership coach whom I met with monthly. In my first meeting with her, I set a goal for 2021-2022 to be a year of transformation. I wanted to get a place in Texas, stay full-time at Hopkins, expand my TeleSleep practice, transition out of my two educational leadership roles, and further develop as a professional development coach.

I began having conversations with my close colleague and friend, who is the Director of the Johns Hopkins Sleep Wellness Center. She supported me from the start in finding a way to work in a hybrid model.

On the education side, I spoke with my inner team, who were also supportive, understanding that it was now time for me to transition. I spoke with the educational deans and my department chair about transitioning from my educational roles and began putting things into play in the summer of 2021.

I soon realized that living in two cities was not feasible. My ex-husband and I decided together to both get places in Texas so that we could raise our boys closer to our families. I understood that it would be possible that I would not be able to sustain my full-time position at Hopkins; a risk that I was comfortable taking so I could be present for my sons, and closer to my family. Despite the revelation of needing to be primarily in Texas, I was still confident that I could continue to be a full-time faculty at Hopkins.

In July 2022, I achieved all the goals I set for myself at the start of the AQA Leadership Fellowship. I maintain a 100 percent TeleSleep practice where I see patients in Maryland, Texas, Florida, and some states that still have an active telemedicine waiver. I read

sleep studies remotely. I have been entirely remote since March 2020 for my academic educational roles. In the rare occurrence that an in-person meeting is required, the Co-director or Associate Director is available to represent the team.

During the AQA Leadership Fellowship, I acquired new skills in coaching (became a certified master professional life coach), created continuing professional development coaching courses, and engaged in faculty development. Over the last few years, I have committed to building my armamentarium as a clinician educator.

The AQA Fellow Leadership Fellowship provided me the opportunity to reflect and apply these skills to be an effective leader. While I have engaged in leadership programs throughout my career, most have been prescribed content and networking opportunities, which I have found beneficial. There is no doubt that I attribute much of my success to these programs. However, the AQA Leadership Fellowship provided an opportunity to engage in a customized leadership program that allowed me to address my needs through the inward journey. It allowed me a unique experience to develop into a leader grounded in authentic leadership. The program also allowed me to make bold moves and take risks that I would not typically have done. With the monthly coaching, the Fellowship sessions with the AQA program leaders, and the mentoring from my AQA faculty liaisons, I was able to reflect and live my authentic self.

### **The project**

My ultimate goal is to help others “glitter.” I want to be a leader who helps others navigate their unique challenges and struggles by leveraging their unique talents, strengths, and principles. I plan to do this by exemplifying authentic leadership.

My AQA Leadership Fellowship project is The Johns Hopkins [HPE]<sup>^™</sup> Program, which is designed to inspire, develop, and transform Health Professions Educators through self-discovery in realizing the authentic [HPE] leader within (i.e., ^). Created for alums of the Master of Education for Health Professions Program at the Johns Hopkins School of Education, this highly selective program identifies individuals ready to apply formal training in the principles of mentorship, [HPE]<sup>^</sup> coaching, and introspection to realize their unique professional identity as an [HPE]<sup>^</sup> leader.

<sup>^™</sup> is a formula that can be adapted to any professional discipline that allows the individual to discover



## AQA Fellows in Leadership complete program and are prepared to serve as physician leaders

and incorporate elements (i.e., ^) of their authentic self to realize their full leadership potential.

### Program objectives

By the end of the program, participants will be able to:

1. Apply elements of authentic self-discovery into their own [HPE]^ professional identity formation;
2. Become an authentic [HPE]^ who leverages their unique talents to discover their own [HPE]^ leadership style;
3. Learn educational methods (e.g., emotional intelligence, strengths-based psychology, academic coaching, etc.), and infusive (e.g., diversity, equity, inclusion) approaches aimed at fostering authentic self and professional identity discovery;
4. Apply methods of authentic professional identity formation toward mentoring future leaders in their professional identity journey, lead us from within to unleash their full potential as an [HPE]^; and
5. Build and foster a culture of inclusion and belonging as an authentic leader.

This program launched in the Fall of 2022 with five participants. Coaching, inventories, and workshops are experienced by the participants. The goal is to have this program incorporated into the Master of Educator program at the Johns Hopkins School of Education, and be customized to other groups within and beyond Hopkins.

### Now a part of a community of practice

The AQA Leadership Fellowship was a life-changing experience and the vehicle that allowed me to make bold (and risky) moves. I am genuinely grateful to AQA and the AQA Board of Directors for this program. I am particularly thankful to Dr. Richard Byyny (AQA, Keck School of Medicine of the University of Southern California, 1964), Dee Martinez, Lori Kerr, Libby Appel, Dr. Chip Souba (AQA, University of Texas McGovern Medical School, 1978), Kathi Becker, Dr. Diane Magrane (AQA, Drexel University College of Medicine [formerly Hahnemann University], 2017, Faculty), my AQA faculty liaisons Dr. Eve Higginbotham (AQA, Morehouse School of Medicine, 2008, Faculty) and Dr. Atul Grover (AQA, George Washington University School of Medicine and Health Sciences, 1995), my local mentors at Hopkins, Drs. Jessica

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I have now launched a pilot professional development program for educators, and am coaching and mentoring others, hopefully making it easier for them to feel like they belong. I am not sure what the future brings from here, but I am excited to see where things go now with a community of practice supporting me.