

# Reflecting on 123 years of bolstering and cultivating the profession of medicine

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**A**lpha Omega Alpha Honor Medical Society (AΩA) has a distinguished heritage in medicine that embodies the characteristics of truthfulness, morality, virtue, purity, and complete dedication to caring for people, improving health, and serving society. Above all it illuminates the importance of practicing medicine with humility, self-effacement, charity, and the attainment of high moral professional stature.

Election to Alpha Omega Alpha is an honor signifying a lasting commitment to medical professionalism, leadership, scholarship, research, and community service. A lifelong honor, membership in the society confers recognition for a physician's dedication to the profession and art of healing.

Throughout its 123 years of existence, AΩA has been an interdisciplinary organization celebrating physicians, the profession, society, and patients. The AΩA Constitution emphasizes the characteristics of excellence in physicianship—trustworthiness, character, caring, knowledge, scholarship, proficiency in the doctor-patient relationship, leadership, compassion, empathy, altruism, and servant leadership.

AΩA members are dedicated to fostering the scientific and philosophical features of the medical profession by looking beyond self to the welfare of the profession and the public; cultivating social mindedness with an attitude toward responsibility; showing respect for colleagues; and fostering research to elevate and advance the

profession of medicine. This is accomplished by supporting a culture of openness, trust, and honesty.

Members exemplify the basic code of conduct for all: no lying, no stealing, no cheating, and no tolerance for those who do. This code is based on the Golden Rule—one should treat others as one would like others to treat oneself. They have adopted and live by professional expectations:

- Adhere to high ethical and moral standards—do right, avoid wrong, and do no harm.
- Subordinate personal interests to those of the patient.
- Avoid business, financial, and organizational conflicts of interest.
- Honor the social (professional) contract with patients and communities.
- Understand the non-biologic determinants of poor health, and the economic, psychological, social, and cultural factors that contribute to health and illness—the social determinants of health.
- Care for all patients regardless of their ability to pay, and advocate for the medically underserved.
- Be accountable, both ethically and financially.
- Be thoughtful, compassionate, and collegial.
- Continue to learn and strive for excellence.
- Work to advance the field of medicine by sharing knowledge for the benefit of others.

- Reflect dispassionately on your actions, behaviors, and decisions to improve knowledge, skills, judgment, decision-making, accountability, and professionalism.

### **A history of giving back**

Each year since 1902, students, residents, fellows, faculty and alumni are elected by 138 AΩA Chapters. Today, AΩA has elected more than 216,000 members. AΩA supports 12 fellowships, grants, programs and awards for medical students and physicians. Since 1938, AΩA has published *The Pharos*. Each of the 12 program awards, grants, and fellowships, as well as *The Pharos* are funded entirely through modest annual and lifetime member dues and contributions. Members give back, and subsequently AΩA gives back to current and future generations of physicians.

### **Medical professionalism**

AΩA has a long-standing commitment to medical professionalism. Caring for patients in an ever-growing, complex profession is complicated, stressful, challenging, and exhausting. Maintaining a professional nature while caring for patients in a disorganized health care system which is becoming more corporatized requires leadership, collaboration, altruism, dependability, responsibility, trustworthiness, integrity, and continuous learning. This is a monumental endeavor that can be physically and emotionally taxing.

However, through self-reflection and communities of practice, physicians can often find the collegiality and support to maintain the ultimate degree of medical professionalism. As Epstein and Hundert said, “Professional competence, is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.”<sup>1</sup>

AΩA’s efforts around medical professionalism has been a work in progress since the very beginning of the organization. Physicians are continually learning about how to maintain and improve a standard of physician behavior through continual learning and improvement about doing what is best for the patient. AΩA recognizes that evolving medicine must continue to be grounded in professional values, and that the combination of leadership and professionalism will have a synergistic and positive impact on the profession and its patients.

Since 2011, AΩA has taken an active role in recognizing and furthering medical professionalism throughout medicine. AΩA hosts a biennial conference focused on the best practices and gold standards of medical professionalism. An outcome of these conferences has been a monograph focused on the topics of each year’s gathering: “Medical Professionalism Best Practices;” “Professionalism in the Modern Era;” “Addressing Burnout and Resilience in our Profession;” “Leadership and Professionalism in Times of Crisis;” and “Professionalism in a Relentless World.” Each monograph is produced, printed and distributed by AΩA, and are available online at [www.alphaomegaalpha.org/monographs](http://www.alphaomegaalpha.org/monographs).

### **AΩA is dedicated to the belief that in the profession of medicine we will improve care for all by:**

- Recognizing high educational achievement;
- Honoring gifted teaching;
- Encouraging the development of leaders in academia and the community;
- Supporting the ideals of humanism; and
- Promoting service to others.

### **Leadership**

A core tenet of AΩA since its inception has been to improve care for all by encouraging the development of leaders in academia and the community. Physicians, based on their unique knowledge and experience in professional values fundamental to medicine, are ideally prepared to serve as leaders. Their professional experiences of serving and caring for people and working with colleagues in the health professions, provide a solid foundation for leading others.

Throughout history physicians have been called on to lead in myriad ways. During most of the 20th century, physicians primarily practiced and worked alone or in small groups within their specialties. Payment was primarily on a fee-for-service basis. There were a few multispecialty large practices, and as academic health centers (AHCs) became more prominent, they provided care for the most complex issues. Over the course of a

relatively short period of time, through medical research and with the advent of more and more successful treatments, patients began to experience shorter and shorter hospital stays. Patient care progressively improved, as did patient outcomes.

Following WWII, medical education experienced a powerful change requiring residency training for graduated medical students. This provided the critical experiential patient and practice learning necessary to prepare physicians, providing them with supervision, teaching, and responsibility. It allowed new doctors to experience the professional values needed to lead and serve patients and the public.

The science and practice of medicine continues to improve. In 1950, it took about 50 years for medical knowledge to double. By 1980, medical knowledge was doubling every seven years, and by 2010 doubling every three to four years. Today, medical knowledge doubles every 73 days!<sup>2</sup> These incredibly expeditious gains in knowledge test medicine's leaders and their ability to lead, all while placing an exorbitant strain on physicians' to maintain their medical professionalism.

In 1935, as many as 35 percent of hospitals were led by physicians. In 2019, that number had fallen to just five percent—a decrease of 90 percent. Today, only five percent of hospitals in the United States have physicians as the helm.<sup>3,4</sup>

Physician-led hospitals are more likely to be found in the top-performing tier of hospitals.<sup>4</sup> Today's leaders of health care organizations are mostly graduates of health administration programs or business schools. They often know little about the actual care of patients by doctors, nurses, and others directly involved in providing patient care. The major metric they use is the profitability from the care rather than outcomes of relieving suffering, the care process, and patient and care giver satisfaction.

Leadership in medicine, medical education, and health care is more complex in the 21st century than ever before. The medical profession, patients, society, and the U.S. need leadership that represents and personifies what is best for patients. It should be inspiring, insightful, engaging, effective, and humble. Society and medicine need to inspire the profession to recognize the need for excellent physician leaders. Medicine needs physician leadership that understands and represents the needs of patients, physicians, medical educators, trainees, communities, and society. Sir William Osler emphasized

the importance of “equanimity and imperturbability, compassion, empathy, beneficence, and keen sensibility in becoming a great physician,” and said, “the good physician treats the disease; the great physician treats the patient with the disease.”<sup>5</sup>

Physicians are the best prepared to take on the demanding role of health care leadership and leading. Their professional experiences—serving and caring for people and working with others—provide a solid foundation for leading others. Most of the issues in medicine and health care can only be solved with physician involvement and understanding. By utilizing physicians' knowledge, clinical skills, and experiences there becomes understanding of, and relationships with, patients, colleagues, and the medical environment. Physicians have a unique understanding of both the physician and patient mindset, which is completely different from than the typical business-oriented health care executive.

Physicians have developed a distinct and unique personal and professional identity, which, when combined, provide an excellent background and pathway to leadership. For physicians, preparedness is, always has, and always will be the foundation of their development as leaders in medicine.

In 2013, the AΩA Board of Directors launched a new program, The AΩA Fellowship in Leadership (renamed the Richard L. Bynny Fellow in Leadership in 2023). The Fellowship is unique in that it is the only leadership program that provides a \$30,000 award to fellows, rather than charging to be a part of the program, and it is one of only a few leadership programs that limit the number of annual Fellows in order to focus on their leadership development.

The first cohort of Fellows was introduced in 2014 to the 15-month program. Since that time, there have been 40 Fellows admitted to the program (33 have graduated from the program, three will graduate in October, and four new Fellows were initiated in July). Of the 33 graduates, 94 percent have garnered a major career promotion following completion of the program.

The program emphasizes that great leadership is based on 12 fundamental leadership principles:

- Integrity—always doing what is right, both morally and legally;
- Loyalty to patients, team, colleagues, organization, and societal values;
- Duty in fulfilling obligations to patients, team members, colleagues, and the organization;

- Selfless service with passionate commitment to the vision and mission of the medical profession and patients;
- Living up to one's professional values;
- Commitment to professional competence and lifelong learning;
- Treating everyone humanely, with benevolence, compassion, empathy, and consideration;
- Behaving in an ethical, responsible, reliable, and respectful manner;
- Listening to others with understanding and respect;
- Communicating effectively;
- Being honest, trustworthy, and reliable, and meeting social responsibilities; and
- Advocating for the best care for all.

The program also focuses on the phases of leadership development, including awareness; exploration and engagement; leader identity formation gained through new roles and responsibilities; leader differentiation around more complex leadership challenges; leader differentiation; mentoring and coaching; reflection; and communication.

AQA Fellows work through these phases as part of a personal Inward Journey that concentrates on learning to lead oneself before taking on the responsibility of leading others.

### **The leadership journey**

There is a pathway and journey to becoming a great leader. Great leadership is experiential and should be based on core professional and personal values and a commitment to being a servant leader.

AQA is committed to advocating, contributing, and supporting the work, development, and success of a new generation of leaders in medicine—leaders who exemplify the core values of the medical profession, including servant leadership. The AQA Fellowship is grounded in the principles of servant leadership,<sup>6</sup> the

core professional beliefs and values that start with an obligation and commitment to serve and care for people, colleagues, and organizations. It includes positively contributing to the welfare of others, education, and meeting social responsibilities. Servant leaders live, lead, and act their values by their inward sense and understanding of what is right. They inspire others to care and serve and develop the best in others by instilling a set of values and trust among team members and those they serve.

Servant leaders rarely have to, or need to, make important decisions alone. They tap idealistic passions, are trusting, and use persuasion, inclusion, communication, inspiration, and delegation of responsibility to get things done. They have an awareness, especially self-awareness, that helps them understand issues involving ethics, power, and values, and can view

and understand most situations from an integrated holistic position.

They look at problems and challenges conceptually, thinking strategically beyond the day-to-day. They have foresight that enables them to understand the lessons of the past, the realities of the present, and possibilities for the future.

Servant leaders believe people have an intrinsic

value beyond their tangible contributions as workers and colleagues. They take responsibility for building community by showing the way, and the value of developing, maintaining, and nurturing a community of practice. They always ask one very important question when making decisions, "What is best for the patient?"

Leaders must be role models and always work as hard or harder than everyone else. They are willing to do whatever jobs need to be done. They are passionate and caring, self-motivated, self-disciplined, and compulsively driven to do the best they can.

### **The Inward Journey of Leadership**

Many leaders continue to be adversely affected by learned behaviors and responses based on their personal identities. In these instances, they need to become aware

*If your actions inspire  
others to dream more, learn  
more, do more, and become  
more, you are a leader.*

—John Quincy Adams<sup>8</sup>

of their cognitive biases, and learned emotional and cognitive responses, to certain situations and people.

The needed growth and change to accomplish this can be achieved through what Wiley Souba, MD (AQA, University of Texas McGovern Medical School, 1978), ascribes as the Inward Journey.<sup>7</sup>

The Inward Journey helps leaders become aware of their learned responses and how often they are detrimental to them personally, and as leaders. "Becoming an effective or great leader is about creating access to a broader range of ways of being, thinking, and acting in order to deal with those challenges for which conventional strategies are inadequate," explains Souba. "Leadership is an as lived, first person responsibility."<sup>7</sup>

Leading is a way of being. Leading and leadership result from knowing yourself, reflecting on your life story, and aspiring and learning to lead others. Leaders must challenge leadership theories that power and authority are a leader's most important way to success. They must recognize that actions are often based on a perception of the facts, and that knowledge is the foundation of effective leadership, which requires new skills. Leadership and learning are inextricably linked to the ability to learn, grow, and contribute.

The Inward Journey is about discovering who you are for yourself, what you are about, and your personal and professional identity and values. This includes what you stand for, what you aspire to be, and identifying your most important priorities.

Souba points out that the most important determinant of a leader's effectiveness in life and leadership has to do with the way in which a leader occurs for themself, moment by moment, and situation to situation.<sup>7</sup>

The practice of leading is interconnected with taking on new roles and responsibilities; experiencing accomplishments and failures; managing and inspiring others; organizing group work; and taking on increasing responsibility. The progression requires taking on more complex challenges and recognizing that developing leadership is a process.

The Inward Journey is about reconnecting with what matters most. This requires inspiration and expertise as an empowering catalyst to a new way of being. An empowering catalyst to change and guide transformation. The leader's way of being and acting then becomes their source of natural self-expression.

A leader's way of being and acting are based on four pillars—integrity, accountability, learning, and communication, which are combined with curiosity, respect,

responsibility, community service, influence, inspiration, and self-improvement.

The Inward Journey requires leaders to go inside themselves and discover their way, or ways, of being. It is a life-long journey with unexpected turns and surprises.

### Carolyn L. Kuckein Student Research Fellowship

At its meeting in October 1982, the AQA Board of Directors established a Student Research Fellowship, providing five \$1,000 awards to medical students in their first-, second-, or third-year of school. Areas of research could include clinical investigation, basic research, epidemiology, and the social sciences as related to medicine. Only one application was accepted from each school. The president of the society appointed a committee of the board to serve as judges.

Because of the positive response from students, in 1986 the board approved continuing the program, and increased the number of awards to seven and the award amount to \$1,500 per selected student application.

By 1993, the Board had increased the award funding to \$3,000, with an additional \$500 provided to the faculty mentor. A maximum of 40 awards could be granted in a year. Initially, five members of the board of directors served as judges. When there became too many submissions for one small group to evaluate, the Board assembled a group of reviewers made up of Councilors, AQA members, Board members, and medical specialists.

In 2004, the name of the program was changed to the Carolyn L. Kuckein Student Research Fellowship in honor of Carolyn L. Kuckein, AQA's longtime administrator who died that year. The award was still growing in 2006 in both number and dollar amount, with the Board allocating \$175,000 annually for as many as 50 \$4,000 awards and \$500 available for the recipient's mentor.

Award funding once again grew in 2009, with an increase to \$5,000 for each student researcher, and \$1,000 made available for travel to a national meeting to present research results. Fifty awards were allowed to be funded.

Today, \$7,000 in cash is provided to up to fifty students to fulfill their proposed research—\$3,000 for the first year's research, \$3,000 upon submission of a final report on the outcome, or progress, of their research, and \$1,000 in travel reimbursement to present their research at a national meeting or conference.



The award has provided millions of dollars in cash support to medical school students over the decades. This award has touched thousands of lives and encouraged medical school students to consider the possibility of conducting research as part of their medical career.

### **Medical Student Service Leadership Project Grant**

Originally established in 2003 and revamped in 2012 to include more students and Chapters, this grant award focuses on servant leadership and presents an excellent opportunity for students to develop as servant leaders. The award supports leadership development for medical students through mentoring, observation, and service learning.

Now a two-year program, the grant provides \$9,000 (\$5,000 the first year, and \$4,000 the second year) to support a service learning project for an underserved population, and must be focused on leadership development for students along with a leadership curriculum component. The hope is that the grant will function as seed money for a project that will continue beyond the duration of the grant.

Over the past decade, more than 25 schools have received the grant in support of their students' projects.

### **Helen H. Glaser Student Essay Award**

The AQA Student Essay Award was initiated and approved by the Board of Directors in 1982. The award provides an opportunity for medical students to submit essays on a general medical subject. The essay can address any nontechnical aspect of medicine—medical education, medical ethics, philosophy as related to medicine, reflections on illness, science, and the culture and history of medicine. The winning essays are submitted to *The Pharos* for publication in the Autumn issue.

The award was renamed in 2000 to honor the recently deceased Dr. Helen H. Glaser, longtime managing and associate editor of *The Pharos*.

Today, the award remains a popular program for students who like to write and provides an opportunity for them to be published. The cash awards are \$1,500 for up to five recipients.

### **Postgraduate Fellowship**

In 2011, the AQA Board of Directors established the Postgraduate Fellowship to encourage and support

residents and fellows to pursue a project in the spirit of the AQA mission. Research projects can focus on clinical investigation, basic laboratory research, epidemiology, or social science/health services research; local or international service work, focusing on underprivileged or immigrant populations or those in the developing world, as well as patient and population education projects; research, development, or implementation of academic curricula, with the focus on postgraduate education; leadership development; or encouraging understanding, development, and retention of traits of humanism and professionalism among physicians, especially those in postgraduate training.

Today, up to five fellowships of \$6,000 each, with the first half paid on announcement of the fellowship, and the second half paid on approval of the final report are provided annually.

### **The Pharos Poetry Award**

One of AQA's most popular awards with hundreds of submissions each year, *The Pharos* Poetry Award was instituted in 2007 to encourage medical students to write poetry on medical subjects, and to recognize and reward excellent and thoughtful student poetry. A committee of the Editorial Board of *The Pharos* reviews the poems and selects the winners. Prizes are \$1,500 for up to five recipients. Winning poems are submitted to *The Pharos* for publication in the Summer issue.

### **Robert H. Moser Essay Award**

To honor the late Robert H. Moser, MD (AQA, Georgetown University, 1969), this award is presented annually to one outstanding essay written by a physician about another physician (living or deceased) celebrating how they, like Dr. Moser, have enriched the world through their career in medicine.

Dr. Moser organized and worked in one of the first MASH units during the Korean War. He was a pioneering flight controller for NASA during the Project Mercury and Project Apollo space programs, served as Chief of Medicine at Tripler Army Medical Center in Hawaii, and treated patients at the Kalaupapa Leper Colony in Molokai. He was Chief of Medicine at Walter Reed National Military Medical Center in Bethesda, editor of *JAMA*, Executive Vice President of the American College of Physicians, and a member of *The Pharos* Editorial Board.

The award carries a \$4,500 cash prize, and the winning essay is published annually in the Spring issue of *The Pharos*.

### Robert J. Glaser Distinguished Teacher Award

Established through a partnership between AΩA and the Association of American Medical Colleges in 1988, the award provides national recognition to medical school faculty who have distinguished themselves in medical student education.

The award annually recognizes four faculty members in basic science, and preclinical and clinical disciplines at LCME-accredited medical schools.

Recipients are selected by a committee composed of the previous year's award recipients and two prior Distinguished Teachers, and each receive a \$7,500 cash award. In addition, each recipient's nominating institution receives \$2,500 for teaching activities, and their AΩA Chapter receives \$1,000.

To date, 125 outstanding educators have received this prestigious recognition.

Annually, AΩA spends more than \$2 million supporting programs which provide medical students, residents, faculty, mid-career physicians awards, fellowships, and grants. While only eight of the 12 opportunities for are highlighted here, all can be found on the AΩA website at [www.alphaomegaalpha.org/programs](http://www.alphaomegaalpha.org/programs).

AΩA is committed to furthering the profession of medicine through medical professionalism, leadership, and other opportunities that develop and enhance the care of patients throughout the world.

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# AΩA programs

## **AΩA Professionalism Award**

This award recognizes and honors outstanding faculty and programs with the best practices in medical professionalism education. This program solicits nominees with ongoing programs in medical schools and/or affiliated institutions that represent best practices in the teaching and learning of medical professionalism.

## **Chapter Support Award**

In recognition of the services provided by support staff to the workings of local Chapters. Chapter Councilors may nominate a member of the support staff for this award.

## **Carolyn L. Kuckein Student Research Fellowship**

To promote basic and clinical research in medical fields, social science, or health services, AΩA awards up to fifty fellowships each year to medical students at schools with active AΩA chapters.

## **Richard L. Byyny Fellow in Leadership**

This award recognizes and supports the further development of outstanding leaders. Mid-career physicians who provide outstanding leadership within organizations in medicine and health care, including schools of medicine, academic health centers, community hospitals, clinics, agencies, or organizations, with a high promise for future success and contribution are eligible to apply. The applicants must be members of AΩA. Up to four awards for further development as leaders.

## **Helen H. Glaser Student Essay Award**

To encourage scholarly writing, this award offers prizes for essays on nontechnical medical topics. Winning essays are published in *The Pharos*.

## **Medical Student Service Leadership Project Grant**

Alpha Omega Alpha is committed to preparing future leaders in medicine and health care. Leadership is about making a positive difference and can be learned through education, observation, and experience, and working with leader mentors. Service learning may provide an excellent opportunity for students to develop as servant leaders. Each chapter may submit one proposal for a project funded for two years.

## **The Pharos Poetry Award**

To encourage students to write effective poetry. Winning poems are published in *The Pharos*.

## **Postgraduate Fellowship**

Support to allow residents or fellows to pursue a project in the spirit of the AΩA mission statement. Must be a research project or a scholarly project fulfilling the requirements for scholarly activity by the ACGME. Priority for scholarly projects will be given to those in the areas of leadership, professionalism, and teaching. Others may be considered based on the merits of the proposal. AΩA awards up to five awards.

## **Robert H. Moser Essay Award**

A writing prize to honor one of the great leaders in American medicine, the late Robert H. Moser, MD (AΩA, Georgetown University, 1969). This prize will be awarded to an original, outstanding essay that celebrates the life of a physician like Dr. Moser who has enriched the world through his/her careers within, related to, and/or outside of medicine.

## **Robert J. Glaser Distinguished Teacher Award**

Each year, in collaboration with the Association of American Medical Colleges (AAMC), AΩA presents this award to four outstanding teachers nominated from medical schools in the United States and Canada. Past recipients of the award have developed medical education programs and materials widely adopted in medical school curricula. This program is administered by the AAMC.

For more information, visit AAMC's web site at <https://www.aamc.org/about-us/aamc-awards>.

## **Visiting Professorship**

Visiting professors can both educate and stimulate students, residents, and faculty during their visits. AΩA provides the opportunity for each Chapter to host one visiting professor per year for a day of activities, including grand rounds, meetings with small groups of students, and delivery of a lecture.

## **Volunteer Clinical Faculty Award**

Clinical faculty in community practices devote much time and effort to teaching students and residents, yet their devotion is rarely publicly recognized. This award may be presented annually to up to five doctors in each AΩA Chapter in recognition of their indispensable services.