

## IN CONVERSATION: PART II

## An Interview with Jeffrey Wiese, MD

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### Where are you from? What was life like growing up?

Oklahoma. I love Oklahoma, and I love the work ethic of Oklahomans. I grew up on a farm squarely in the middle of nowhere. Life on a farm was tough. I suppose the biggest lesson I learned on a farm was to never ask the question, “Do I want to do this?” before doing a job. If the fence had to be fixed, you just did it because if you didn’t, you knew there was going to be even more work waiting for you on the other side. I see lots of parallels in clinical medicine.

### What brought you to New Orleans?

The somatic reason was to build a hospitalist program at Charity Hospital. At that time, there were very few organized hospitalist programs and even fewer at urban safety net hospitals, so it was a great opportunity. The visceral reason, though, was simply because I wanted to make a difference. And that’s what we did, and I think that’s what we still do here. It’s why I’m still here.

### Why did you choose medical education as a focus of your career?

Well, like so many of us, I went into medicine because I thought it was the best way for me to change the world for the better. But given the skills that I did have, medical education seemed like a way I could make an exponential difference in the world. If I am coaching [residents] in the right way, then the lives of all successive patients for whom my students provide care are improved. That’s meaningful to me.

### Tell us about a career accomplishment that is important to you.

It’s funny, isn’t it? Every career accomplishment seems like the biggest thing ever until you accomplish it; then it starts to fade. *Carse’s Finite and Infinite Games* was a very meaningful, indeed, life-changing book for me. Most “career accomplishments” are the end product of the finite game—the “honors” grades, publications, grants, awards, RVU benchmarks, etc. There is certainly nothing wrong with winning finite games because in academic medicine, if you don’t, then you don’t get to keep playing. And I’ve won my share. But I think the important thing is to never let the finite games compromise the infinite game—the latter being the investments you make in people along the way since even after all of the finite games are done, it is the people who persist.

So what am I most proud of? It’s that so many people that I have

coached have gone on to do such great things... doing not only well, but doing good, in this world. I think I am up to at least 15 past residents who are now clerkship directors or program directors, and I’m pretty excited about that. Hopefully I’ve inspired that same “measure of success” in them.

### What do you love about hospital medicine? What do you see as an academic hospitalist’s biggest challenges?

My favorite part is that it is about teams. The patient, the primary care physician, the hospitalist, the nurse, the resident, the clerk, the janitor, and on and on. One big team, and I love that.

Hospital medicine has the potential to be exceptional for patient care. Hospitalists are not dual-tasked with trying to be in clinic and in the hospital at the same time, and that allows them to be more accessible to their patients. But for the model to work, the hospitalists do have to be there both physically and mentally. I worry that improperly designed hospitalist models, especially without good leadership, run the risk of devolving into ER shifts up on the wards. There has to be continuity of care both within the hospital stay and at the time of discharge, and neither is as easy as it seems. This is the reason why the work SGIM and SHM [Society of Hospital Medicine] are doing together—at the academic hospitalist academy and at the annual meetings—is so important.

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**You said in your book *Teaching in the Hospital* that since hospital medicine has a demanding fast pace, to be an effective teacher requires planning. What tips can you offer for being successful as an inpatient teaching attending physician?**

Too much to say with the time we have here. It's all in the book, but here are a few tips. The biggest mistake I see new attendings make is not investing enough time up front in setting expectations for the team. If you do not have enough time to devote to expectations, you definitely do not have time to fix the mistakes that are about to happen on that team. Second, while you do have to see every patient every day, you do not have to see every patient *with the team* every day. I see a few patients in greater depth with the team each day, reserving the remainder to be seen alone. I find great "intel" when I go around in the afternoon/evening and see patients on my own. I can talk to the nurses and patients about how the residency team is providing care, and that's pretty insightful. Third, I lab-spy. Spying on the EMR [electronic medical record] allows me to

learn about them ahead of time, which in turn allows me to time-manage my rounds, spend more time on rounds coaching the residents, and assess where they are on their milestones. And it allows me to quickly read up on something in the morning and then drop the line on rounds, "Well, I don't know much about sarcoid, but here's what I remember" followed, of course, by a full discourse on sarcoid. And when the team says, "Wow, how did you know that?" I can say, "Well, because I'm a doctor."

**What piece of advice regarding leadership do you wish you had known 15 years ago?**

Well, probably all of it. It's been a school of hard knocks in learning those lessons. I've made a ton of mistakes along the way. But if I had to choose a few:

1. Leadership is the art of persuasion, not debate. The only person to change a person's mind is that person. But because the same minds that created the problem cannot be the ones to change it—if you want to lead change—leadership becomes

the art of getting people to change their minds, and that takes patience.

2. The art of leadership is not just knowing how but the knack for knowing when. There is a right time for everything. The best idea at the wrong time is destined to fail.
3. You have to find your sincerity, whatever that might be. Caryle spoke to it in *Of Heroes and Great Men (sic)* ... great leadership begins by cultivating sincerity in everything you do. People will follow the sincere leader because they know where to find her. The lack of sincerity is the reason, if you ask me, that you see so many leaders fail these days.
4. Great institutions are comprised of people, not name brands or bricks and mortar. I love Covey's "emotional bank account" metaphor. The more you genuinely invest in the people on your team, the more loyal they will be to the team. Once you've build that, then bring us what you got—Katrina or otherwise. The team will overcome it.

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