

## LEADERSHIP PROFILE

## An Interview with Diane Wayne, MD

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**D**iane Wayne, MD, is vice dean of education and chair of the Department of Medical Education at the Northwestern University Feinberg School of Medicine. She is a national leader in medical education and simulation training. Dr. Wayne received her undergraduate and medical degrees from Northwestern University. She completed her residency in internal medicine at the University of Chicago and returned to Northwestern as a faculty member in the Division of General Internal Medicine (GIM) in 1994. She served as program director of the Internal Medicine Residency Program at the McGaw Medical Center of Northwestern University from 2001 to 2012. She has published more than 80 peer-reviewed articles and has received several awards, including the 2007 National Award for Medical Education Scholarship from the Society of General Internal Medicine (SGIM) and the Thomas Hale Ham Award for New Investigators from the Association of American Medical Colleges (AAMC). She was a 2010 recipient of the Parker Palmer Courage to Teach National Program Director Award from the Accreditation Council for Graduate Medical Education (ACGME) and the 2013 Leader in General Internal Medicine Award from the Midwest Region of SGIM. She served as a deputy editor of the *Journal of General Internal Medicine* from 2006 to 2013.

### Why general internal medicine?

My path to medicine was predetermined—largely influenced by my father who is a physician. I set up a blood pressure clinic for “show and tell” in the fourth grade, and that really set me on the path to internal medicine. I decided on general internal medicine because I liked the longitu-

nal aspect of my resident clinic and the acuity of inpatient medicine. I also admired the ability of GIM faculty to address the breadth of internal medicine as they cared for their patients. My first job at Northwestern involved both inpatient and outpatient medicine—I was able to continue teaching students and residents and also supervise resident clinic while building my own practice. What I still love about GIM is being able to address all of a patient’s concerns because the field is not too narrow in scope.

### Can you share some memorable challenges and triumphs in your career?

The first success was the ability as a residency director to graduate skilled internists who had reached their career goals. It is a real joy to hear from graduates that what they learned at Northwestern has paid off in tangible ways—for example, serving in academic and educational leadership roles—while living out our residency program motto to be “nice, hardworking, and smart.” One of the real highlights of my career was being nominated by a group of Northwestern alumni for the ACGME Courage to Teach Award in 2010. Receiving external recognition based on feedback from residency alumni was extremely gratifying. Finally, I know I have been extremely fortunate to work with people who have allowed me to take on leadership roles at the medical school and hospital while also acknowledging my role as a mother. I am eternally grateful for the flexibility I have had at Northwestern to attend Girl Scouts’ meetings and baseball games over the years.

I think the most memorable challenges have come at transition points after taking on new leadership roles. It is a delicate balance to try to re-

spect what has already been accomplished while still setting ambitious goals for the future. You have to be straightforward about your plans but move at a reasonable pace.

### Who/what influences your work?

I have had several wonderful mentors, but the two who have been particularly instrumental in my career are Drs. Holly Humphrey and William McGaghie. Dr. Humphrey is the dean for medical education at the University of Chicago and was my residency program director. She taught me the importance of gaining consensus but also not being afraid to take a stand when necessary. Through her actions, Holly showed me that students and residents and the faculty who teach them are an integral part of an institution deserving of the highest support and respect. This principle has guided me throughout my career.

Dr. William McGaghie, a thought leader in medical education, has been my research mentor. Years ago he taught me that “medical education research should not be an extraordinary activity but should be ingrained in every day practice.” Looking at outcomes in a rigorous way improves the quality of medical education, learners’ skills, and downstream patient care quality. Working with someone who constantly pushes me and is not satisfied with the status quo has been a remarkable opportunity.

### What piece of advice regarding leadership do you wish you had known 20 years ago?

The most effective leaders have a strong support team, and the strongest team is a diverse team.

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Medicine is a team sport, and all leaders should embrace working with people with different backgrounds, skills, and experiences to leverage the unique abilities of each team member.

### What are some lessons learned as residency program director?

The most important measure of success in residency is attitude. As a program director, I would always prefer a resident with average knowledge and an excellent work ethic to someone who scored in the 99th percentile on the in-service exam who was not a supportive team member. The days are long as a resident, and interpersonal skills and concern for patients and colleagues are important traits for a resident to have. Unfortunately, it is impossible to predict who has these traits from standardized test scores, which I believe are over valued in the residency selection process.

### What are the major challenges currently in medical education?

On a national level, we are faced with a significant physician shortage. With the aging of the US population, we have a real need for many of our talented medical students to pick careers in primary care. Therefore, we need to address the many barriers that prevent students from making this choice.

I am also concerned about transitions in medical education. Are all graduating medical students competent to be interns on day one? Research from Northwestern and elsewhere shows that there are gaps between what programs directors expect and what interns can actually do. The AAMC entrustable professional activities (EPAs) are a good

start, but it is now up to medical schools to develop and utilize rigorous curricula to bring EPAs to reality.

### As a leader in academic medicine, what advice do you have for junior faculty?

- Find a mentor who can help you navigate the first few years on faculty and help you decide what opportunities are right for you.
- Set ambitious but achievable goals, and be practical about how you will accomplish them.
- Find a focus—and stick to it. Become the expert in that field.
- Try to avoid doing things outside of your focus area. Everyone has limits to their scope and ability. Be reasonable about how much time you have, and try to avoid losing focus and becoming over-extended.
- Aspire to achieve work-life balance.

### What are the opportunities in simulation medicine?

Simulation is one of the most exciting innovations in education in recent times. In contrast to clinical practice where the focus is on the patient, simulation focuses on the learner. Simulation-based medical education will affect the future of certification/recertification and continuing medical education (CME). Physician certification currently depends on written exams, even in technical fields. With the advent of simulation, it is possible to incorporate procedural assessment, and this is something we must address in the near term. In the case of CME, instead of the passive lecture-based approach, simulation makes learning interactive and skill based.

### What advice would you give SGIM members interested in simulation research?

Simulation is not just about procedures—it is an excellent curriculum driver for many of the skills necessary in GIM. For example, we use simulation to teach and assess learners in skills such as handoffs, code status discussions, oral presentations, and EKG and chest X-ray interpretation. There are many areas of important work left to be done within simulation, and I think that SGIM members should play a critical role in how to use simulation for assessment, certification, and maintenance of clinical skills.

### How has SGIM impacted your career?

I owe SGIM a lot. I started attending regional meetings in 1999 and have been a regular since then. My most impactful role in SGIM was serving as a deputy editor of *JGIM* from 2006 to 2013. It was amazing to have a role in publishing such great research, and it definitely improved my writing skills! Most of all, I enjoyed working with a collegial and incredible group of other deputy editors who taught me a lot. I encourage SGIM members to get involved by presenting research, participating on committees, and attending regional and national meetings.

### Can you share a hobby or something you are passionate about?

I am a die-hard Northwestern football fan, and that is a labor of love! My family attends at least one away game every season, and my daughter is a Northwestern cheerleader.

SGIM