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The Leadership Forum

a publication from the Association of Chiefs and Leaders of General Internal Medicine (ACLGIM)

"To be the voice of ACLGIM and communicate about leadership challenges and solutions in academic medicine to members, the SGIM community, and other stakeholders."

Lauren Block

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Editorial Corner
From the Editors

Lauren Block, MD, MPH; Sunil K. Sahai, MD

From widespread gun violence to the reversal of the *Roe v. Wade* decision by the Supreme Court, inflation and rising interest rates, and the January 6, 2022, inquiry, the months since the SGIM meeting have been a time of social change and unease. SGIM and ACLGIM members around the country have engaged in advocacy to stand up for their beliefs and ideals. For many SGIM members, advocacy includes the use of social media to garner support and attention. In this issue of the *Leadership Forum*, Dr. Marshall Fleurant recounts his experience organizing a 200-member photo rally with the LGBTQ task force and the Committee to Protect Healthcare against Florida's passing of the Parental Rights in Education Act (aka the "Don't Say Gay" Act). For other members, advocacy involved the organizing of local leaders and to gain institutional support. Dr. Cynthia Chuang helped organize her institution's Post-Roe Task Force in order to understand and mitigate negative health consequences of the *Dobbs* ruling. For yet others, advocacy meant educating the next generation of physician leaders in policy and leadership skills. Carol Wang and colleagues describe how a student-run policy and advocacy elective teaches not only elective enrollees but also cultivates leadership skills amongst the planning committee. In the realm of managing technological change in medicine, Dr. Dharod recounts his journey from college to a leadership role in informatics and the need for future leaders to be versed in healthcare information technology.

We hope this issue inspires the leaders and future leaders of SGIM to advocate for change they believe in!

Cynthia Chuang

Advocacy
Impactful Leadership in a Post-Roe World

Cynthia H. Chuang, MD, MSc

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Although the *Dobbs v. Jackson Women's Health Organization* decision left us stunned, there has never been a more important time to act. Following the draft SCOTUS opinion leak, I came together with colleagues from different academic, clinical, and leadership backgrounds—we call ourselves the *Kitchen Table Group* because we have gathered in the evenings around our kitchen tables. We sought advice of colleagues from other institutions and considered how the impending *Dobbs* decision would affect our academic medical center. The following illustrates our initial steps:

1. **Local assessment.** While abortion currently remains legal in Pennsylvania, the future of abortion rights in this state depends on the upcoming governor election. *Dobbs* changed the landscape in its surrounding states—the only abortion

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clinic in West Virginia closed and Ohio now has a six-week ban. We also assessed our hospital abortion policy and availability of local and statewide abortion providers.

2. **Identify short-term institutional consequences of *Dobbs*.** We identified immediate needs including a) preparing emergency/urgent care services to provide compassionate care for patients presenting following self-managed abortion (understanding patients will fear legal consequences), b) preparing for increased demand for LARCs and sterilizations, and c) expecting that OB-GYN programs from banned states will need assistance with providing abortion training for their residents, an ACGME training requirement.

3. **Identify medium-term institutional consequences of *Dobbs*.** It is possible that abortion will become illegal in Pennsylvania without exceptions (the position of one gubernatorial candidate). Preparedness strategies will include a) establishing procedures for out-of-state abortion for patients requiring hospital care, b) finding alternative locations for our OB-GYN residents to obtain ACGME-required abortion training, c) preparing for the anticipated surge in births that will strain our maternity and pediatric care services, and d) mitigating the impact on recruitment of students/trainees and faculty, etc.

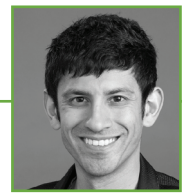
4. **Assess the needs and values of institutional leadership.** After sharing and gathering additional collective institutional knowledge, we estimated that our leadership was unlikely to support any sweeping decisions around abortion care that appear to be politically motivated. However, we were confident that our leaders were committed to the organization's vision to be the most trusted academic healthcare institution in our region, including protecting the safety of our patients and the integrity of our educational programs.

5. **Request institutional recognition of our Post-Roe Task Force.** Our leadership has deputized our *Kitchen Table Group* to be the institution's Post-Roe Task Force that will focus on mitigating negative consequences of *Dobbs*. While we will grow the Task Force to include other key stakeholders, we will maintain the core *Kitchen Table Group* who can continue to meet frequently and work nimbly.

We brought a collective leadership model and approached the realities of *Dobbs* with a focus on harm reduction. While this tactic may appear muted, we have successfully built trust with our institutional leadership around issues where there is common ground and received institutional support as a formal part of the solution. This will ultimately allow us to have greater impact on institutional preparedness for a Post-Roe era.

Leadership Profile

Vice Chair of Informatics and Analytics—An Exciting Hybrid Role


Ajay Dharod

Ajay Dharod, MD, FACP

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As the son of immigrants, my priorities were (in order) family, education (aka cognitive fitness), physical fitness, and fun with friends. While in high school, my father clearly articulated that my path should include both engineering and medicine, foreseeing the intersection of medicine and technology. In college, I spent time as an electrical and computer engineer learning the foundations of information technology and engineering. Immersed in in coding through higher object learning languages, I found an interest in semiconductor physics that took me on a spiritual journey waymarked by ones and zeroes. Independent of the metaphysical and philosophical, the engineering degree provided me with an important substrate for problem solving.

Understanding that I wanted a career that was at the intersection of information science, technology, and medicine, it was important to understand how intellectual property flowed within the United States and globally. I was afforded the opportunity to spend about a year at the United States Patent and Trademark Office between undergraduate and medical school as a patent examiner. Once in medical school, with my background in engineering and problem solving, I gravitated towards internal medicine as my future specialty.

In residency, I was preparing to become a cardiac electrophysiologist. Given my background, the career path certainly made sense. Due to my interest in computers and technology, I was selected to attend specialized electronic health record training in my second year of residency at the Epic headquarters

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in Verona, Wisconsin. I was the only resident at this training, surrounded by health system leaders, chief information officers, and others. We were all there to learn and take our knowledge back for systematic improvement. This opportunity opened my eyes to a whole new career path of clinical informatics. The field of clinical informatics was new to me, but I realized there was an opportunity that would combine my intellectual passions. I learned of an official board certification through the American Board of Preventative Medicine and ultimately, I found a career path.

Having some free time during chief residency year, I devoted my effort to informatics. At the analyst level, I built electronic health record related workflows and analytic paradigms. Through successes during that year, Wake Forest leadership recognized the value of clinical informatics playing a central role in the future of medicine.

I was recruited to join the faculty by the chair of Internal Medicine to devote time as a coordinator of medical informatics for the Department of Internal Medicine. Over the course of a few years gaining more skills and training, I was promoted to the new position of Vice Chair of Informatics and Analytics for the Department of Internal Medicine. Since that appointment, I also have been involved on the institutional level for many of the informatics projects that affect clinical care.

I have learned to build both within the Epic infrastructure as well as outside of the infrastructure.

For many years prior to the advent of electronic health records and deep connectivity we see today across all realms, medicine could live within a one-dimensional space. As the information substrate and society have evolved, medicine is now clearly multidimensional. There is a chasm in the depth and complexity of how various entities within the healthcare system interact with information science technology and embed that into medical practice and clinical care.

Part of the challenge is developing physicians who understand this intersectionality. To address this workforce challenge, we developed the Clinical Scholars and Informatics Program at Wake Forest.[1] It is important to ensure that the physicians of the future have health information technology literacy as competency… I believe that health information technology literacy, data science, and the integration into clinical workflows is the future of medicine and that building a cadre of physicians with this understanding is essential for the practice of medicine to thrive.

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Leadership Pipeline

Student-Led Health Policy and Advocacy Elective: A Model for Student Leadership Development


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As medical students learning to care for the sick in the backdrop of a global pandemic, we have been constantly reminded of the extent to which poverty, racism, and political ambivalence constrain the lives of patients. There is a high demand from medical students for curricular content that speaks to the disparities witnessed on their clinical rotations.[1] The Health Policy and Advocacy Elective at the Donald and Barbara Zucker School of Medicine in Long Island, New York was created to meet these demands. Students participate in small group discussions, journal clubs, and lectures on healthcare policy and community advocacy during the four-week elective. They speak with New York state assemblymen, learn how to write op-eds, and volunteer at local community organizations committed to addressing advocacy initiatives like human trafficking and addiction prevention. The skills developed provide students with a toolkit to bridge their medical knowledge with communities outside the hospital as a means of viewing themselves as part of a larger community beyond medicine.

The elective is unique in that it is organized and facilitated by current medical students, a practice that allows for longitudinal leadership development at a time when physician advocates are needed more than ever. The leadership of the elective is composed of a small group of medical students who work directly with faculty for four years to implement the yearly elective. This model goes beyond peer-to-peer teaching to provide students with the decision-making power to set learning objectives, write curricular content, and coordinate the day-to-day administration of the elective.[2] This student-led model

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of curriculum development prepares students for their role as future physician leaders and, furthermore, has helped the curriculum accurately reflect the desires of students. For example, sessions focusing on mass incarceration, community engagement, and comprehensive reproductive health insurance coverage were additions to the 2022 curriculum based upon gaps identified by students. Feedback about the curriculum has been positive. Pre-post-surveys revealed that enrolled students noted increased confidence in their understanding of the structure of healthcare, public policy, and community advocacy (mean confidence in skills of 2.5 pre-elective and 6.8 post-elective of a maximum 10, $p<0.01$). The Health Policy and Advocacy Elective provides evidence that a student-led model of curriculum development is feasible and can promote leadership development in undergraduate medical education.

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Marshall Fleurant

Advocacy and Social Media
Shouting Out against What's Wrong

Marshall Fleurant, MD, MPH

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Inherent in the membership of SGIM is a desire for justice. We learned in 2010 when Arizona passed SB 1070, an anti-immigration law, that physicians in SGIM had passion and refused to stay silent. Florida's passing of the Parental Rights in Education Act (aka the "Don't Say Gay" Act) caused deep concern among our membership. The large media protest that we staged back in 2010 served as our blueprint today. With little time to prepare, we arranged for a photo protest (a social media focused advocacy event) at the 2022 SGIM National Meeting in Orlando on April 8th. We contacted a Florida SGIM member with advocacy experience in Florida, involved the LGBTQ interest group, and arranged a meeting with the Committee to Protect Healthcare (CTP), a local advocacy group. Communications were frequent—CTP provided logistical support, social media guidance, and media linkages. Our executive committee and program committee provided on-site logistical support, SGIM staff organized and arranged key locations for our protest, aligned us with Disney hotel policy, and communication between the executive committee and program committee. The leadership of the LGBTQ interest group activated their members, provided extensive promotions, accelerated our social media imprint, and activated attendees. Together at our event, more than 200 members outside the Disney hotel shouted, "We say gay!" "We say trans!". We were picked up by six local television stations with an estimated viewership of 95,377. This event will forever be imprinted in my memory and many others.

Special thanks to Drs. Jennifer Cowart, Jennifer Siegal, Christopher Terndrup, and Carl Streed! Thank you!