

THE

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ALPHA OMEGA ALPHA HONOR MEDICAL SOCIETY

SUMMER 2015



2015 Medical Student Service Leadership Project Awards

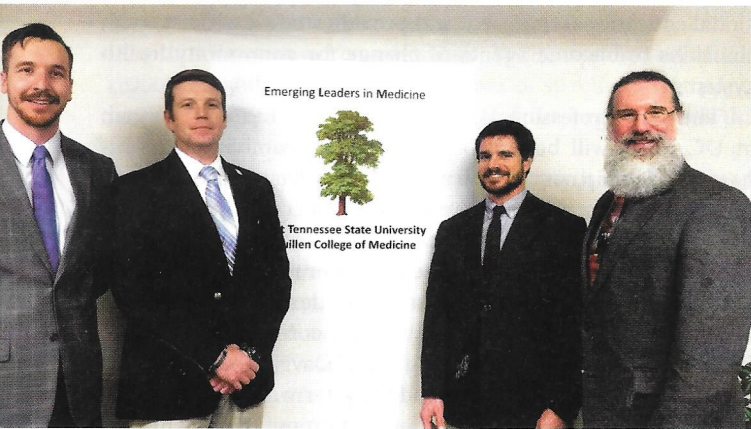
Alpha Omega Alpha is committed to preparing future leaders in medicine and health care. Leadership is about making a positive difference, and is learned through education, observation, and experience, and working with leader mentors. Service leadership may develop an excellent opportunity for students to develop as servant leaders. The most effective leaders are well grounded in and committed to positive professional values.

AQA developed this award to support leadership development for medical students through mentoring, observation, and service learning.

The award provides \$5000 for the first year, \$3000 for the second year, \$1000 for the third year. Second and third year funding are contingent on acceptable interim reports.

The winners of this year's award are:

East Tennessee State University James H. Quillen College of Medicine—Emerging Leaders In Medicine



Left to right: Jeremiah Gaddy (Class of 2015), James "Jay" Johnston (Class of 2017, QCOM student leader), Eric Lederer (Class of 2015), and AQA councilor Reid Blackwelder, MD.

Student team leader Eric Lederer (AQA, East Tennessee State University, 2014); student team members Jeremiah Gaddy (AQA, East Tennessee State University, 2014), Cornelius Powell, and Jay Johnston; mentor leader Theresa Lura, MD (AQA, East Tennessee State University, 1997, Alumnus); and mentor Kenneth Olive, MD (AQA, East Tennessee State University, 1992, Faculty).

U.S. Air Force General W. L. Creech once stated, "The first duty of a leader is to create more leaders." It is in this spirit that East Tennessee State University's (ETSU) Emerging Leaders in Medicine (ELM) program was founded. This four-year longitudinal course will provide guidance and leadership education for medical students interested in developing and improving their leadership ability. The program is guided by the notion

that leadership is not necessarily an innate trait, but rather something that can and should be learned.

The program is broken into the following seven components:

1. Community service
2. Simulation lab scenarios focused on leadership and teamwork
3. Multidisciplinary education involving interaction with students and professors from the ETSU Colleges of Pharmacy, Nursing, Public Health, and Psychology
4. Online leadership modules emphasizing leadership in medicine
5. Leadership lunches with guest speakers
6. Leadership journal club
7. Fourth-year elective in leadership development

The first three years will consist of both didactic and experiential learning. The didactic sessions will include online leadership modules, guest lecturers, and journal club participation, which will cover topics ranging from team member and patient communication to character traits common to successful leaders. The information and skills learned in these didactic sessions will be reinforced through experiential learning involving community service, simulation lab scenarios, multidisciplinary collaboration, and an end-of-year leadership retreat. This will create opportunities for students to practice and hone strong leadership techniques and characteristics.

Fourth-year medical students will solidify the skills and knowledge they have acquired over their medical training by taking a fourth-year elective in Leadership Development that will provide mentorship and oversight for junior members.

All activities will be overseen by AQA medical students, AQA faculty, and the ETSU student interest group Developing Leadership in Future Physicians.

Medical College of Georgia at Georgia Regents University—Medical Ethics: Pathway to Leadership in Medicine

Student leader Matthew Jones (AQA, Medical College of Georgia, 2014); student members Brice Hwang, Brian Sullivan, Lacey Williams, Connor Sweetnam, Travis Welsh, and Blake Vander Wood; mentor leader William Strong, MD (AQA, Medical College of Georgia, 1978, Faculty); and mentor Greer Falls, MD (AQA, Medical College of Georgia, 1995, Faculty).

Physicians face ethical challenges throughout all stages of their training and careers. Development of a mature understanding of medical ethics will be critical for physicians to lead in those tough clinical situations. Through the Medical Ethics: Pathway to Leadership in Medicine (PLM) at Georgia Regents University (GRU), students will gain ethical reasoning and leadership skills, and thereby enrich the GRU community through greater student engagement in medical ethics. Most importantly, the program will produce leaders with the ethical

foundation to be optimally prepared to handle ethical challenges in their future practice.

Pathway to Leadership in Medicine Curriculum—The PLM will provide medical students an interactive study of medical ethics and will promote leadership development during its four-year track. The program's goals are to develop leaders in medicine through experiential learning of medical ethics, create and implement an interactive ethics curriculum, and strengthen student participation in ethics processes at GRU. PLM will be a four-year elective that includes interactive seminars and a Student Ethics Committee (SEC) during the



Left to right: Dr. Greer Falls, Blake Vander Wood (MS1), Connor Sweetnam (MS1), Brice Hwang (MS2), Lacey Williams (MS1), Travis Welsh (MS1), Brian Sullivan (MS2), Dr. William B. Strong, and the Reverend Jeff Flowers.

first two years of medical school, and a student-driven project focused on integrating leadership skills and knowledge of ethics during the third and fourth years.

Student Ethics Committee—Beginning in the second year of the program, students will become members of the Student Ethics Committee. The SEC will serve to engage students in practical applications of medical ethics, and to provide a professional service to the GRU medical community. Members of the SEC will shadow GRU medical ethics committee members during their hospital rounds, and make policy recommendations to improve hospital practices and ethical education for all health profession students.

Mentorship—In addition to the medical ethics curriculum and Student Ethics Committee, the program will emphasize mentorship to develop leadership skills. Student-to-student mentorship will pair new students with older peers to enable approachable conversations about the challenges of their classes and about medical ethics. Faculty-to-student leadership will facilitate a more formal advising relationship for the students as they develop as student leaders over the course of their education.

Upon successful completion of each of the program

components, students will receive a distinction in Leadership in Ethics. The program will equip graduating PLM participants with years of leadership experience, a fundamental knowledge of medical ethics, and real-world exposure to ethical dilemmas.

University of California, Davis, School of Medicine— Inter-Professional Community Health Leaders Program

Student leaders Philip Summers (AΩA, University of California, Davis, 2013) and Trevor Cline; student members Jessica Rhodes (AΩA, University of California, Davis, 2015), Angela Rodgers, Leona Shum, Crister Brady, Jeremy Johnson, Melody Tran, Marielle Bolano, Kara Brodie, Karla Martinez-Tavera, and Ian Kim; and mentor leader Thomas Nesbitt MD, MPH (University of California, Davis, 1991, Alumnus).

Meeting the needs of a community, especially those that are underserved, requires not only capable, dedicated clinicians, but also competent systemic leadership. To address this need, we are developing a student-led, longitudinal, health professional educational track that will provide student activists with the skills to become agents of change for community health systems.

The Inter-Professional Community Health Leaders Program at UC Davis will be a two-year program combining a skill-based leadership course with a community-based service learning project. Our mission is to empower program participants with the insights and practical skills necessary to become leaders who can bring forth systemic, community-based health care solutions for underserved communities in California.

The program will integrate with the core curricula of the Schools of Medicine and Nursing at UC Davis, while establishing sustainable relationships and long-term educational and service opportunities with a variety of community partner organizations. The program will be managed by a group of twelve students, who will be responsible for establishing the program, solidifying relationships with community partners and faculty mentors, developing the didactic curriculum, and creating positions in community organizations for student placement. AΩA faculty and senior students will be recruited to assist in curriculum development and as community project mentors to provide formative feedback on proposals and progress reports.

We plan to employ the Community Based Participatory Approach to Curriculum Development to include local expertise at every level of the program, ensure equal and mutual sharing of knowledge and power, and empower the community to guide the development of its future physician and nurse leaders. The program will include:

- Didactics: Six months of curriculum developed by students, faculty, and community leaders, including approximately twenty interactive, discussion-based lectures, focused on developing leadership skills and perspectives essential to systemic improvements in community health. Topics will include an



Back row, left to right: Thomas Nesbitt, MD, MPH, student members Jeremy Johnson, Philip Summers, Ian Kim, Trevor Cline, and Marielle Bolano. Front row: Tonya Fancher, MD, MPH, Mark Henderson, MD, and AQA councilor Regina Gandour-Edwards, MD; student members Melody Tran, Kara Brodie, and Karla Martinez-Tavera.

introduction to local communities, health system, and social resources, and in-depth examinations of specific target populations, their unique health issues, and the organizations that address their needs.

- **Community Placement:** Participants will immerse themselves in a two-year internship with a local community-based organizations. Opportunities will range from experience in health policy, health care and non-profit administration, health law, community organizing and advocacy, preventive medicine, community health education, and will include addressing the needs of specific communities including mental health, addiction, women's health, pediatrics/adolescent health, elder health, and undocumented residents.

- **Presentations:** Participants will submit a final report summarizing their project and give an annual presentation for UC Davis faculty, students, community members, and the AQA chapter.

We will spend the 2015 through 2016 fiscal year developing the program to solidify our three tiered leadership structure between student leaders, faculty mentors, and community leaders, and create our curriculum and community internships. We will enroll our first pilot cohort of five to ten medical and nursing students in 2016 for the 2016 through 2017 fiscal year. Based on the feedback we receive from our pilot cohort of 2016/2017, we hope to improve and perhaps even expand the program as it is institutionalized and given permanent funding.

Louisiana State University School of Medicine in New Orleans—LSUHSC InterProfessional Student Alliance (IPSA)

Student leader Katelyn Fusilier (AQA, Louisiana State University School of Medicine in New Orleans, 2014);



Standing, left to right: Temple Barkate, Katherine Howe, and JoAnn Tran (Dental). Sitting: Morgan Walker, Jake Quinton, and Brittany Dyess (Nursing).

student members Katherine Howe, Jacob Quinton, Temple Barkate (AQA, Louisiana State University School of Medicine in New Orleans, 2015), Morgan Walker (AQA, Louisiana State University School of Medicine in New Orleans, 2015), Joann Tran, and Brittani Dyess; mentor leader Robin English, MD (AQA, Louisiana State University School of Medicine in New Orleans, 1999, Resident); mentors Demetrius Porche, DNS, PhD, and Sandra Andrieu, PhD.

Louisiana State University Health Sciences Center in New Orleans (LSUHSC-NO) recognizes that interprofessional training and collaboration are necessary to develop future health care leaders. In response to local health disparities, LSUHSC-NO students developed three community service projects that address some of the city's most challenging public health issues: child obesity and malnutrition, STIs and youth pregnancy, and medical management of diabetes. Each project is run and staffed by student volunteers from various health professional programs, including LSUHSC-NO Schools of Medicine, Nursing, Allied Health, Public Health, and Dentistry. While each project was successfully implemented on its own, there was no overarching organization to unite the existing service projects, foster the development of new projects, or develop effective student leaders. As such, the InterProfessional Student Alliance (IPSA) was formed to meet those needs. The mission of IPSA is to address health disparities in the greater New Orleans area through interprofessional teams of LSUHSC-NO students serving local underserved communities. The purpose of IPSA is to function as a student-run initiative "incubator," providing interprofessional leadership development and faculty support to service projects. This mission and purpose drive us toward the following objectives:

1. Increase the number of health-related services to underserved communities in the greater New Orleans area.
2. Improve leadership skills among student leaders at LSUHSC-NO.
3. Increase the number of opportunities for LSUHSC-NO students to work in interprofessional teams.

4. Increase the number of opportunities for students in different health professions schools at LSUHSC-NO to communicate with one another and coordinate service projects.

Medical students in IPSA develop as leaders while concurrently collaborating with other health professions students throughout their four years of study. More specifically, IPSA members will work with interprofessional community health and health care delivery service projects, develop community health and health care delivery service projects of their own, attend leadership development workshops (outlined below), and serve as mentors to the IPSA members who come behind them.

Over the next three years, IPSA will offer eight workshops to all LSUHSC students with a focus on critical concepts of service leadership, management, and community advocacy skills. These workshops include:

Year 1	Year 2	Year 3
Feedback: Giving, receiving, requesting	Feedback: Giving, receiving, requesting	Feedback: Giving, receiving, requesting
Negotiation simulation	Negotiation simulation	Negotiation simulation
MBTI Myers & Briggs Personality Inventory	MBTI Myers & Briggs Personality Inventory	MBTI Myers & Briggs Personality Inventory
Balancing day-to-day needs with organizational goals	Balancing day-to-day needs with organizational goals	Balancing day-to-day needs with organizational goals
	Budgeting basics, board development, and responsibilities	Budgeting basics, board development, and responsibilities
	Understanding the health care system in 2015 (2016, and forward)	Understanding the health care system in 2015 (2016, and forward)
		Policy advocacy
		Writing about health in the popular press

Each workshop will start by introducing the topic through a case study highlighting the role of health disparities in New Orleans. Students will then participate in small group activities such as discussion sessions, role plays, and/or individual mentorship to allow students to apply what they've learned to their particular service project. The leadership skills expounded and practiced during the workshops will be put to immediate use in the IPSA-approved service projects. In this way, students will become comfortable exercising these skills before they arrive to the work force.

The AΩA Medical Student Service Leadership Award allows IPSA to increase its resources to facilitate interprofessional education in two ways: 1) provide students with opportunities to be involved with additional community service projects, and 2) implement a series of leadership development workshops that teach leadership skills applicable to team-based

collaborative practice. The result will be higher-quality leaders and service projects at LSUHSC-NO, and better interprofessional health care teams, patient outcomes, and community health in Louisiana's future.

Mayo Medical School—Mayo Medical School Leadership Development through Community-Generated Action Plans

Student leader Jessica Saw; student members Alexander Ginsburg, Leah Schmelkin, and Adeel Zuhair; and mentor leader and AΩA Association Chair Judith Kaur, MD (AΩA, University of Colorado, 1979).

Mayo Medical School (MMS) Leadership Development through Community-Generated Action Plans (C-GAPs) is a student-led program that will train medical students to facilitate community-engaged projects with the goal of improving health.

The program will prepare medical students for community engagement through a two-part learning process involving:

1. A didactic classroom curriculum to teach students theories and methods of community engagement.
2. An experiential curriculum in which students will work with an underserved community to develop and implement a plan of action, which we will refer to as a Community-Generated Action Plan (C-GAP).

As such, the project will allow students to transfer leadership skills from the classroom to underserved communities. The initial hands-on project will use the topic of food and nutrition as a vehicle for developing a community-engaged project with low-income residents of Rochester, Minnesota. Subsequent projects will be developed each year in consultation with Rochester community members.

Didactic Curriculum: Leadership Education Program in Medical School

To train medical students in the techniques of community-engaged project development, MMS Leadership Development through C-GAPs will develop a didactic curriculum for first-year medical students. The curriculum will introduce students to the importance of community engagement, present examples of successful participatory processes, and teach strategies for engagement. The participatory techniques that students will be taught include, but are not limited to: town hall meetings, public achievement, focus groups, design charrettes, qualitative interviews, survey design, and health commons model.

The didactic curriculum will also incorporate speakers who have successfully facilitated community-engaged projects and can speak to their own work as well as to the benefits and challenges they see in participating in community-engaged endeavors. In addition, panels of Rochester community members will provide medical students with a better understanding of community perspectives on public engagement.