Alpha Omega Alpha Fellow in Leadership Award

At its annual meeting in October 2013, the AΩA Board of Directors approved an AΩA Leadership Award and Development Program, to be implemented in 2014.

Leadership has long been a core value of Alpha Omega Alpha Honor Medical Society, and is one of the criteria for membership. Unfortunately, many AΩA members with leadership potential or leadership experience at mid-level positions may find themselves without the resources to advance their careers. We believe this is a lost opportunity for medicine. How can AΩA as an interdisciplinary honor medical society best support and contribute to leadership promotion and development as part of our mission and core values?

The Alpha Omega Alpha Fellow in Leadership Award

The AΩA Fellow in Leadership Award will recognize and support further development of outstanding leaders exemplifying the qualities of leading from within, the society’s professional values, and the concepts of servant leadership.

The five essential components of the AΩA Fellow in Leadership Award are: 1) Self-examination, the "inward journey," leading from within; 2) a structured curriculum focused on topics related to leadership, including an understanding of the relationship between leadership and management; 3) mentors and mentoring; 4) experiential learning to broaden the perspective and understanding of leadership as it relates to medicine and health care; 5) team-based learning and developing communities of practice.

Members of AΩA and other physicians need to ask themselves where and how they can provide leadership in the sector of medicine they serve. With this award, AΩA reaffirms its commitment “to improve care for all by encouraging the development of leaders in academia and the community.”

Eligibility

Mid-career physicians providing 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.

Nomination by colleagues and mentors are preferred, but self-nomination will be considered if the applicant fulfills the eligibility criteria and proposed leadership development program.
Physicians must submit nominations to the local AΩA Chapter councilor or to a Chapter Association chair. **Only one nominee will be accepted by the AΩA National Office from the pool of candidates submitted to the chapter or association.** Physicians not associated with an academic institution having an AΩA chapter or association must submit their applications to the nearest AΩA chapter or association. A list of chapters and associations with contact information is available [here](#).

If an AΩA councilor wishes to apply for this award, the dean of the medical school must appoint another AΩA member of the chapter to manage the nomination process to avoid potential conflict of interest. The dean and councilor must notify the AΩA national office of the appointment.

A committee appointed by the AΩA Board of Directors will evaluate and rank the candidates as potential AΩA Leadership Fellows. Up to three awards may be given in a year.

**The award**

The recipients will receive a $25,000 award to be used for further development as future leaders, and recognition as an AΩA Fellow in Leadership.

**Submission requirements**

Applicants must provide a detailed description of how they will utilize the award fund to further their pursuit of leadership development and accomplish the five components listed above. Applicants should delineate the following:

- **Select an experience that will broaden the applicant’s perspective on leadership** related to health care and medicine. This experience must include working with an individual mentor or mentorship team at the senior leadership level. This might be a Dean, Chief Executive Office, or the President of an association or an organization that has impact either regionally or nationally. The preferred duration is ongoing through and after the fellowship year, but must be a minimum of two weeks. The mentor or team will ensure access for the Fellow to high level adminstrators and leaders for meeting related to administration and management.
- **Designate at least one mentor.** Mentors will be required to assist the applicant in completing his or her project, serving as a role model, offering advice as needed, and connecting with key individuals either within or external to the applicant’s organization.
- **Describe an action project** that will be completed during the course of the year and presented at an annual AΩA meeting. Examples of such projects could be the following: developing a leadership curriculum for medical students at the home institution or local medical society; integrating leadership into everyday practice; leading a team in a clinic, hospital, organization, educational program, etc.; implementing and leading interventions and/or policy to positively address important
challenges; and others that may be proposed. The project may be in the host institution or organized in another institution.

- The application must include a commitment from the applicant’s institution to allow the applicant time to complete the proposed curriculum. If the institution will commit additional funding to the support of the proposed curriculum, that will also be a consideration in review of the application.
- The mentor in the fellow’s organization will commit to the mentoring plan and supporting the Fellow for ongoing leadership opportunities after completion of the fellowship.

Requirements for awardees

Application requirements:

Application must be in the form of a PDF (12-point type, 1-inch margins), sent by e-mail to the closest chapter councilor or association chair, and must include:

1. A letter from the nominator (maximum 2 pages), detailing:
   a. The nominator’s reasons for nominating the applicant.
   b. The applicant’s personal and professional qualifications for the nomination, including specific examples.
2. A proposal from the applicant (maximum 4 pages) laying out:
   a. The experience proposed for the fellowship.
   b. The mentor(s) qualifications to mentor the project and experience.
   c. The project proposed for the fellowship.
3. A personal statement from the applicant (maximum 2 pages) that summarizes
   a. Leadership experiences, including specific personal examples and what lessons were learned.
   b. The applicant’s goals for the fellowship.
   c. The applicant’s leadership goals.
   d. How the applicant envisions making a difference in the profession of medicine.
4. The applicant’s biosketch (maximum 2 pages).
5. A letter from the mentor(s) (maximum 3 pages) outlining:
   a. The structure and goals of the projected mentorship.
   b. A commitment of time for mentoring and support for ongoing leadership opportunities after the fellowship is completed.
   c. The mentor’s reasons for wishing to mentor the applicant.
   d. The mentor’s assessment of the applicant’s leadership qualities, with specific examples.
6. The mentor’s biosketch (maximum 2 pages).
7. **A letter from the head of the applicant’s institution (maximum 2 pages)** committing to protected time and salary for the applicant to perform the proposed project and additional funding, if applicable.

**One application will selected by the chapter councilor or association chair to be sent to the national office.** The application must include a recommendation letter from the chapter councilor.

Applications from chapters must be sent to Debbie Lancaster ([debbie@alphaomegaalpha.org](mailto:debbie@alphaomegaalpha.org)) by May 1, 2014.

**Timetable**

- Program announcement: January 2014.
- Applications to AΩA chapter councilor: April 1, 2014.
- One application per chapter forwarded to the AΩA National Office ([debbie@alphaomegaalpha.org](mailto:debbie@alphaomegaalpha.org)): May 1, 2014 or sooner.
- Announcement of awards: June 1, 2014.
- Program begins: July 1, 2014.

Questions about this program should be sent to Debbie Lancaster at the AΩA National Office.

**Background: Leadership in medicine**

Leadership in medicine, medical education, and health care is more complex in the twenty-first century than ever before. Because of their unique knowledge in medicine and in their understanding of medicine’s core professional values, physicians are ideally suited to serve as leaders in these areas. Their professional experiences in serving and caring for people and working with teams in the health professions provide a solid foundation for leadership. The integral parts of the professional life of a physician are the values affirmed in the Medical Professionalism Charter that emphasizes the principles of patient welfare, patient autonomy, and social justice ([http://annals.org/article.aspx?articleid=474090](http://annals.org/article.aspx?articleid=474090)).

Wylie Souba, MD, a recognized educator in medical leadership, writes, "The transformation of medicine and health care begins with a shift in our understanding of what it means to be a leader." Therefore, individual and personal change are requirements for successful organizational leadership. and can be taught to those who aspire to become great leaders.

**The professional values of medicine**

Medicine is based on a covenant of trust, a contract we in medicine have with patients and society. Thus leadership in medicine and related organizations must be grounded in core
professional beliefs and values, which start with an obligation and commitment to serve and care for people. These professional values include:

- Integrity and honesty: believe and do what is right.
- Loyalty and duty: hold to your values, commit to and fulfill your duty to patients, team, colleagues, and the profession, and advocate for the best care for all patients.
- Respect and care: consider the views and needs of patients and teams and treat everyone with benevolence, compassion, empathy, and consideration.
- Serve: give your best to patients and the profession of medicine.
- Communicate: listen with understanding and communicate effectively.

We believe that the best and most sustainable leadership for medicine must be grounded in these professional values.

**Leadership and servant leadership**

Along the spectrum of leadership styles, from manager leaders and traditional top-down leaders to laissez-faire and transformational leadership styles, we believe that the servant leadership model developed by Robert Greenleaf in the 1970s best fits the needs of the medical profession.

Servant leadership is based on specific core values, ideals, and ethics, in much the way that the culture of medicine is shaped. Because medicine is at its core a profession that serves others, servant leadership, with its emphasis on service as the basis for furthering an organization’s objectives and values, is worthy of consideration as a model for medical leadership.

Rather than focusing on themselves, servant leaders and their teams dedicate themselves to a higher purpose, cause, or principle worthy of their commitment. They follow truth and principles and share values and trust among team members and those they serve. This leads to moral authority in the leader and team. Servant leaders engage their teams in creating a shared vision—a compelling picture of the future—based on values.

Servant leaders rarely have or need the executive power to make most important decisions alone; they instead inspire and infuse the team with their vision, set a positive example, and use the shared sense of purpose and the tools of teamwork to get the right things done. Servant leaders work for and with their teams, and recognize and celebrate their successes.

We believe that effective, sustainable, and excellent leadership should be based on core professional and personal values and the commitment to servant leadership, while recognizing the value of other leadership strategies and approaches.