The Executive Leadership Program in Health Policy and Management at Brandeis University was an incredible experience – one that I believe all physicians would find useful, relevant, and essential. I am grateful to both the American College of Surgeons and the American Urogynecologic Society for granting me the 2016 ACS/AUGS Healthy Policy Scholarship to attend this program.

Our lectures and interactive sessions were led by highly accomplished leaders and faculty who enabled us to navigate the “table of contents” of healthcare, beginning with a macroeconomic perspective (understanding the U.S. healthcare “system”, healthcare policies, and players) to a microeconomic framework (strategy, hospital flow, informal networks, practice accounting, and negotiations). Valuable information was packed into a single week.

Dr. Michael Jellinek, in his introduction, articulated what many of us have felt at one time or another. To summarize, we make decisions all the time for patients, in the operating room, etc. Healthcare systems-based or legislative decision making can be daunting, particularly because the body of knowledge and skills to be mastered may be outside our immediate area of expertise and requires time commitment, but hopefully the task is not insurmountable.

During our overview of US healthcare policy, I gained a deep appreciation of the tireless efforts of policymakers and interest groups in shaping healthcare policy. Dr. Stuart Altman helped us embrace the complexity of our national healthcare “system.” In elucidating the “story” of our healthcare history, he empowered us to understanding that policies are dynamic, and we have the ability to shape them, if we engage.

Following this, Dr. Jon Chilingerian took us through transformative exercises challenging our assumptions and taking us to a deeper level of how we process information to strategize and lead. Case studies and aggregate data drove home points regarding success and failure at the level of leadership. We explored the concept of organizational behavior and change – how change is effected and how to identify the transition “point” at which it occurs. These are fundamental principles for systems-based practice, rife with techniques to apply in our interdependent world of differing perspectives.

We then dove into insightful strategies and techniques to accomplish team- and organizational based change. Dr. Jodi Gittell elucidated the powerful concept of relational coordination and the importance of identifying informal networks. We studied the accounting side of practice with Dr. Brenda Anderson through hands-on exercises – a course every physician should be taught in residency. We learned the theory of negotiation from Dr. Jeff Prottas.

But our week did not conclude with this. By far, one of the most valuable aspects of this program was the opportunity to interact with, learn from, and plan with many surgeons from around the country. From our collective identification of Society priorities under Dr. Frank Opelka to informal discussions with surgeon colleagues, there was ample opportunity for
debate, anecdotes, encouragement, and strategy. The campus-centered program was structured to enable several opportunities to reflect on our lectures/exercises and brainstorm applications of the lessons we learned.

As physicians, we are second only to the patient and the patient’s family in advocating for the best care for the patient. With the dissolution of an older model of healthcare leadership, our role as patient advocate has not changed, but our capacity as agents of change has been somewhat altered. It is critical that we understand this new framework within which we work and learn and understand the avenues through which we can continue to ensure that our patients’ needs are met. I genuinely wish that a program such as this could be made part of a lifelong learning curriculum for all physicians. I thank the ACS, AUGS, and the Heller School of Social Policy and Management at Brandeis University for their support and their steadfast belief that not only can we learn to be effective in this system, but that we must.