Holly J. Humphrey, MD, MACP (HJH): Welcome to Season two of <u>Vital Voices</u>, a podcast from the Josiah Macy Jr. Foundation. I am Dr. Holly Humphrey, the President of the foundation. Our second series of Vital Voices is focusing on the remarkable careers and accomplishments of the individuals and institutions who have received the <u>Josiah Macy Jr. Foundation Awards for Excellence in Social Mission</u>.

Social Mission in Health Professions Education includes activities or initiatives that teach, model or improve community engagement, reduce healthcare disparities, and address the social determinants of health. Social mission means making health professions education not only better, but fairer. These awards are supported by the Josiah Macy Jr. Foundation, and their selection is made through the <u>Social Mission Alliance</u>. This alliance was formally known as the Beyond Flexner Alliance, and this national organization focuses on health equity and training health professionals as agents of more equitable healthcare. The alliance is based at the <u>Fitzhugh Mullan Institute for Health Workforce Equity in the Milken School of Public Health</u>.

Today's interview is with <u>Dr. Joseph Kiesler</u>, who accepted the <u>Award for</u> <u>Individual Excellence in 2021</u>. Dr. Kiesler is a family physician at the University of Cincinnati's Department of Family and Community Medicine, who has demonstrated and inspired commitment to health equity and has had an indelible impact on the interprofessional clinical curriculum and the learning environment for medical students, nurses, pharmacists, and other allied health students at the University of Cincinnati. Among his many enduring contributions, Dr. Kiesler is the founder of the <u>Racetrack Clinic</u>, now in its second decade, the <u>UC Open School</u> <u>Clinic</u>, a free student-led interprofessional clinic, and the <u>Center for Respite Care</u>, a post-acute care medical facility for the homeless.

It is my honor to speak to Dr. Kiesler today to learn more about his lifetime of service and his leadership in advancing the social mission of healthcare. You can find all of the episodes of season two of Vital Voices on the Macy Foundation's <u>website</u>. And now here is my conversation with Dr. Joseph Kiesler.

HJH: Dr. Kiesler, thank you so much for being with us today. Your commitment to the most vulnerable members of our society is truly inspirational. Let's begin with understanding who or what inspires you, or inspired you, to get started with the important work that you have now been doing for so many years.

Joseph J. Kiesler, MD (JK): I'd like to thank the Josiah Macy Jr. Foundation for allowing me to be here today. That question really takes me back, thinking about who inspired me. It comes back to my family and my upbringing. My Aunt Diane was a Catholic nun, the Sisters of Charity of Nazareth, and so when I was a young child, she used to take me to the soup kitchens in Louisville where I grew up. I think that was a great influence on the work that I do today with those who are experiencing homelessness. She was also a teacher. Additionally, my Catholic faith is a huge driver of what I do as I think about justice and what is right in this world today. We try to bring that to our students.

All of those are drivers for me and what I do, and hopefully what I bring to my work with my patients, resident physicians, our students, and the work that I do with the community.

HJH: Thank you for that. I think I am not the only one who would say that it clearly does inspire those around you based on the testimonials that I've had a chance to read and hear. Your contributions to health equity and to addressing the social determinants of health in your teaching and in your clinical work have a very strong focus on interprofessional teams and our healthcare professionals working together collaboratively. This is one of the key priority areas for the Josiah Macy Jr. Foundation and has been now for more than a decade. I am hoping that you can tell us why you have focused so much of your work on bringing the various health professionals together to work as a team on behalf of at-risk patients and ultimately on behalf of your community?

JK: I think given the work that you all do, we know that this comes down to quality. It is not going to be one physician, one nurse, one care coordinator that is going to make the difference for a patient, but it is going to be the team of us that is going to give the optimal outcome for our patient. I experienced that in my own work with the care that I am able to provide in our healthcare for the homeless program. I can see the outcome that is so much better for our patients when we

work together, when we huddle for pre-visit planning, when we are able to help that patient decide what needs to happen, who's best able to do that for that patient, that patient is going to have a much better outcome. If we are able to bring this teamwork approach to our students, demonstrate that in the clinic, in the office, and then teach the students how to do that in the outpatient setting or the inpatient setting, we know that it is going to provide the best outcome for our patients and for our students.

We've tried to do that, and this has been a team approach. This has not been me, this has been a team approach, with faculty across our healthcare system. We've been so fortunate by opening free clinics through our IHI Open School Free Clinic, our student-run free clinic here at UC. All of these have been interprofessional clinics with interprofessional faculty. I've been one piece of this, and I've been very fortunate to be part of working with great faculty to do this and really wonderful students that have been drivers in this work. This has been part of that drive that we know can provide much better quality if done in a team approach.

HJH: I really resonate with everything that you said because it aligns very closely with my own experience as a physician, but in a very different setting. The setting I spent my career working in was in the hospital, in the intensive care unit or on the consultation service. The patient care was ultimately best delivered when it was that team of health professionals working collaboratively. It is really reassuring to hear that. Of course, I think as physicians, we know that the team transcends settings from communities to intensive care units.

Another thing that I am hoping to hear you comment on, is the moral distress that I think many healthcare professionals, nurses, physicians, and importantly, our students have perhaps long felt in our profession, but acutely have felt during this pandemic when healthcare disparities have been front page news and the kinds of issues that have long been challenges for delivering high-quality healthcare became exposed in new ways. I am wondering how you maintain your own sense of hope and idealism and if you have any specific strategies or frameworks to approach the moral distress that is very prevalent in our professions.

JK: That is such a challenge, if we look at how do we address that by bringing us closer together for discussing these issues. We as a faculty try to have small group

discussions, whether that is a faculty of our providers or within our department. If we don't have close support systems, we will create distress that we cannot create as providers, as physicians, as nurses. That is really where we have to provide support systems for each other. Most recently our faculty got together and watched the Paul Farmer documentary *Bending the Arc*, and were then able to discuss it as a faculty group, and look at how did he provide care, how did his group provide care, how did we look as a faculty to do the care that we are currently providing our patient population? It is looking at opportunities where we can come together to talk about the challenges that we are having and the different ways we can support each other in those challenges.

When we look at the issue of moral distress, our current learners make me very excited for the future because their motivation for justice, their motivation to address these issues of health inequities makes me feel promise for the future that we can overcome some of these health inequities and come up with new ways of doing things that we haven't been able to do in the past. I think the students of today are the correct people that need to be here in healthcare. They have the vision, they have the motivation. That brings me promise that I am really excited about when I look at who are in the health professions currently.

HJH: I personally very much relate to that as well. I always derive enormous energy, passion, and hope for the future through the experiences of the students and from watching our healthcare professionals rise to the challenge, and then from the patients and their families themselves. I am particularly struck by the example you used about watching Dr. Farmer in action because I think that is a good touchstone to return to again and again because of who he was and his life's work. Your leadership, like the leadership of Dr. Farmer, has also had a very broad impact. You have not only created new health centers, you have had a major influence, as I understand it, on the medical school curriculum to emphasize service, interprofessional team care, to really illustrate and teach the social determinants of health. Among the many, many accomplishments that you have had over the course of your career, is there one thing that stands out that makes you most proud?

JK: I think for me, when I think about that question, two things come to mind. One is just the ability to have had the opportunity to be able to influence the culture

of our medical school, the culture of our residency program that has been able to bring in these topics of social determinants of health, of our working with the community, of really embedding our students in the community to learn with the community. In doing so, 25 years ago when I graduated residency, myself and two other residents had the opportunity to start a practice with the community. From there, I've been able to continue that community work throughout the past 25 years.

Through that, working with our department and working with the medical school, I've had the opportunity now to see our graduates become faculty members and become leaders of our department. That is one of the things that makes me really proud to see our past students become these leaders and advocates for these topics, advocates of health inequities, advocates for justice for vulnerable populations, and they did it all on their own. Just to see this emphasis that we have on community medicine, on justice, for our department, for our college of medicine, for our academic health center, and to know that I played a part in that, that is what makes me proud.

HJH: That is a wonderful, wonderful example. It segues to a question that I wanted to ask you quite specifically, you are likely aware that physicians as advocates has become a very important and now often discussed topic within medical education and certainly within the Association of American Medical Colleges. I know there are a lot of students across the country who are very interested in advocacy and in having an important role as advocates. Do you have advice for medical students across the country who are interested in becoming advocates or advice for medical schools in creating curricula around advocacy so that their work is most impactful?

JK: I think the first piece is understanding that as either a future physician or a physician that they have a role, of course, in first advocating for their patient, whether that is for medication or for getting the correct test, or for just understanding for that patient in the hospital or the outpatient setting. They can definitely do that. But, also understanding that they have the privilege and the responsibility to be able to find their passion and be able to find their role in advocating for a policy area that they have a passion for.

Then, connecting with an organization to be able to research that organization and connect with their local leaders, connect with their local council members, connect with their local representative so that they can start the process on knowing that policy and then knowing that area they have passion for and to be able to start advocating for that topic area. As a physician, as a healthcare professional, as a nurse, as a pharmacist, they have the respect of the community. They're going to have the ear of those local leaders, and they can make change to help build systematic change in that area. So, I would encourage them to take on that responsibility and to advocate for the patient, but also take on that extra role of advocating for a systematic change as well.

HJH: Wonderful, thank you for that. I want to shift gears just a moment and remind our listeners that the award that you received from the Josiah Macy Jr. Foundation was for individual excellence in social mission and health professions education, and that award is designed for mid-career faculty. It is amazing to me when I think about that because you have, in your career to this point, more than accomplished what many might accomplish over the course of their entire career. So what more do you hope to accomplish in your work? Do you have an aspiration not yet realized?

JK: That is always a difficult question when you think about what's next and what do you want to work on. I think for me, one is continuing to develop our servicelearning here at the College of Medicine. We have a service-learning advisory council that we developed here for the medical school to improve the quality and service-learning here for the medical students. I would like to expand that interprofessionally for the academic health center as well. The other piece is, on my clinical side, through the healthcare for the homeless, I would like to expand our street medicine program into a street medicine team that would be interprofessional and include learners in that as well. I would say those two areas are for continued growth as we look into the future.

HJH: That sounds like a lot of exciting work in your future and an amazing set of potential benefits for your patients and for the community. I want to wrap things up and thank you so much for spending time with us today, for speaking with me, and for sharing your inspirational work to date. We certainly look forward to keeping our eye on you and keeping track of the amazing work that you and your colleagues are doing. So thank you very much.

JK: Thanks, Dr. Humphrey. Have a good day.

HJH: Thank you for listening, and we hope you'll share this conversation with others. Be sure to subscribe wherever you get your podcasts, so you'll be notified when the next episode drops. And make sure You are signed up to receive email updates from the Macy Foundation.