

Camille Garrison Interview

1. What is the best piece of leadership advice you've ever received?

The more things you agree to do, the more things you will have to say no to. You have to protect your time at all costs, so learn how to say no and pray for discernment to know when you should say yes to things and when you should say no.

2. If you could go back in time, what is one piece of leadership advice you would give your future self?

Sometimes I find myself in leadership situations where I am the only woman or person of color in the room and have found that to be daunting at times. I would tell my future self that being in a position of leadership as a physician who comes from an urban-underserved background is an asset and the perspective that I can bring to the table is valuable and important for others to hear, especially when addressing health disparities and social determinants of health.

3. What is one leadership experience, situation, or scenario that you've experienced that you wish everyone in family medicine (students, residents, physicians) could experience?

Being involved as a physician leader in a community organization that addresses a specific community need is a valuable experience. The majority of our patients come from different socio-economic, ethnic and cultural backgrounds from the physician workforce caring for them, so I try to teach our residents about the patient population that they serve all throughout their three years of training. Residents over the years have demonstrated a desire to develop stronger relationships and connections with their patients and are now seeking opportunities to do so through community engagement. I have found that family medicine physicians have great potential to shape the health of our patients and of our communities by entrenching ourselves within the community both personally and professionally. I have had numerous experiences where I've had opportunities to educate members of the community on a variety of topics, opportunities to listen to the community, and opportunities to advocate for the community; these instances have all shaped the physician leader that I hope to be.

4. Who are your mentors and what did you learn from them to become the physician/leader that you are today?

My husband, Willie Garrison II, has taught me the importance of being a servant leader. He is the Supervisor of Student Services and Equity (and Interim Assistant Principal) at Wauwatosa West High School. He is very "mission-driven" and believes that all students can achieve. I also take that approach with my residents and colleagues-I want to see all of us continue to grow and succeed in our personal and professional lives. Willie approaches all decisions regarding teachers and students with that idea in mind. I sometimes ask him his thoughts on or feedback regarding some of my curricular ideas for residents and faculty development ideas for my faculty. He has been an integral mentor for me in my Program Director role.

William (Bill) Geiger, MD-was my Program Director during residency and my early faculty years. He saw my leadership potential and is someone that I consult often when I'm making decisions about our residency program, new leadership

opportunities, and work-life balance challenges. We share the same faith and it is such a blessing to have a mentor that understands the impact of one's spirituality on their leadership abilities.

5. Why did you choose family medicine and what's your favorite aspect of it?

I truly believe in the life course perspective. That if we are to impact the health of generations we have to start by caring for patients before they are even conceived through caring for their parents and other family members. I also enjoy being able to do a lot of what I love to do (which is maternity care and operative obstetrics and pediatric care) and a little bit of everything else. I'm never bored! I think my favorite part is watching families grow and seeing my continuity OB patients and their newborns in that first year of life. Family medicine has allowed me to have the greatest impact on the greatest number of people, simply by the breadth of the field.

6. What does leadership mean to you?

There are several words that come to mind when I think of leadership: self-less and serving others, role-modeling the expectations you have for those you are leading, diligence-pushing towards the vision even when others can't see it, patience-using wisdom as a guide when making tough decisions, approaching crucial conversations with positive intent, fostering others' interests and gifts, always thinking two steps ahead and being willing to try new things.

7. What is the most memorable experience you have had when dealing with a patient?

I participated in my residency program's advanced OB track and gained lots of experience with high risk pregnancies. I was proud to have had over thirty continuity OB patients by graduation. I was nearing the end of residency and had only a few continuity patients left to deliver. One of these patients was a mother of five who came in to be evaluated for contractions. I had just finished clinic when I was paged letting me know that she had arrived, so I let the resident know that I would be coming in to evaluate her myself shortly. When I pulled into the parking lot, I received another page from the resident on call who told me that they couldn't find the heartbeat and that they confirmed intrauterine fetal demise. I couldn't believe what I was hearing-I was devastated. I had no experience with a stillbirth and couldn't stop thinking about my patient and how she came excited and anxious about labor and meeting her beautiful baby girl and then was told that her little girl passed away. This was especially difficult for me as a provider, as I had my own experience with pregnancy loss and remember how I felt being told that I would not be going home with my baby. I didn't know what I was going to say or do but just wanted to be there for her. I knew that her husband was home taking care of their other 5 kids and wasn't planning to come in for her delivery (they didn't have any family in town). My patient's immediate family lived out of town and she thought they would not make it either. Knowing that the induction and delivery would be especially painful for her, both physically and emotionally, I decided to stay in the hospital and stayed in her room while she labored. My attending came in for the delivery and left shortly thereafter. He helped me through the delivery but didn't debrief with me very much before he left. About an hour after the delivery, my patient's mother, brother and sister-in-law came in from out of town. I was so glad

they were able to make it to support her. I followed her closely after the delivery and had the opportunity to share my personal experience with her and help her through her healing process. A year later she moved out of town with her husband and children and I didn't see her again. That experience taught me so much about who I wanted to be as a physician and as a teacher of medicine. A couple years ago, she reached out to me on social media and shared with me how much I meant to her that dreadful day and appreciated how I walked with her during one of the most difficult times in her life. She and her family are doing well and she sends me pictures of the kids from time to time.

- 8. What qualities make a great leader in family medicine? How have you taken these qualities into your practice and community outreach?** A great leader in family medicine is being a servant leader and patient centered when problem solving, being innovative or when advocating for the needs of patients and their communities. I have thought about our residency program and patient population and looked for ways that our residents, faculty and staff can become more community engaged. The best way to take care of our patients on an individual level is to become more aware of the environment they are coming from and the environment they return to after our individual encounters. This academic year our faculty led a community medicine lecture series where our residents are exposed to certain topics in family medicine (specific to our patient population) and introduce them to community partners that help address those challenges for our patients from within the community. This allows our residents to become more aware of their patients' needs and the resources available to them when they leave our offices.

Prematurity and Infant Mortality are two health disparities specific to our patient population. We are especially invested in our community with regards to providing high quality OB care. We continue to require our residents to participate in maternity care and provide them with exceptional training in this area, as we care for a higher risk patient population and care for the newborns/families after delivery and thereafter. I am also on the Board of the March of Dimes and work to help combat prematurity through advocacy and representing the underserved-patient population most affected by this health disparity as a physician leader.

- 9. Who or what inspired you to pursue family medicine?**

I had always dreamed of delivering babies ever since I was a little girl, so naturally I thought I would pursue OB/GYN as a specialty until I rotated with our program as a fourth-year medical student. I participated in a sub-internship on our inpatient medicine service and loved the variety of pathology seen and was intrigued by the psycho-social complexity of the patient population we were caring for. I especially admired the passion that the attending had for patient care and the strong relationships they had with their patients. But I left that rotation still thinking I would just do OB.

The very next month I did a rotation in our family medicine clinic which was primarily an ambulatory rotation with an emphasis on Women's Health and OB.

This is where I met the physician who helped me see why Family Medicine with OB was meant for me. Dr. Mary Groda Lewis is one of the most fascinating people on the planet. Her life story and journey into medicine is so interesting and inspiring that there is a movie about her life (made in the 1980s). She exposed me to every aspect of family medicine during that month (from nursing home, home visits, prenatal care, OB ultrasound, C-sections, general medicine, etc....) I learned so much about the field of family medicine and the role that family physicians play in their patient's lives and communities all in just one month with her. I remember the day that I first saw myself as a family physician as I held one of our pediatric patients while the mother helped support his sibling while he was getting his shots and later drove the mother to the diabetic education center at a neighboring hospital who had free insulin set aside for her as she was a gestational diabetic who couldn't afford her meds. I knew I needed to do more than just deliver babies. Our clinic community is made up of patients that come from a similar socio-economic and cultural backgrounds as me and I knew that I wanted to be able to invest in the lives of those within this community through my role as physician. I left that rotation saying that I wanted to be just like Dr. Mary and wanted to train in family medicine under her tutelage, pursue a FM-OB fellowship and come back to our program as faculty to work in academia and do as much as she was doing within family medicine.

10. What piece of advice would you give to your younger self? To a medical student interested in, or a new family medicine resident?

Advice to the medical student or family medicine resident- Don't limit yourself. When in training, learn as much as you can so that if you want to, you can work at the top of your license. Don't settle for mediocrity, being a physician is truly a privilege that one should never take for granted. We should not be in the business of solely diagnosing and treating disease but serving our patients. What does it mean to serve your patients? It means having an understanding that we are in a selfless profession, that we know the importance of building rapport with our patients, that we meet them where they are and that we are present in the moment when we are with them and when doing work on their behalf.