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Faculty Spotlight: Sheryl Wissman, MD, FACP, FAAP

Chief Medical Officer, Ascension Providence Rochester Hospital, MI

I grew up the oldest of 3 kids in Westland before our family moved with our next door neighbors to the “country” of Northville for 6th grade. I loved it there and was active in our traveling concert band (played keyboards), high school plays and musicals, 3-season sports, horse riding, and student government as the Co-President of Student Congress. My career aptitude tests always pointed me to ministry or medicine, and I chose Physiology, Pre-Med at Michigan State for my undergraduate studies. I was fortunate to learn about Wayne State University Medical School from one of our exchange students, who was hosted by a professor at WSUSOM, who advocated that I consider applying.

I lived at home the first 2 years, commuting to Detroit, and then I stayed in a townhouse by St. John’s Hospital for my clinical years. We were the first graduating class for Internal Medicine/ Pediatrics in 1991. I chose IM/Peds partly because of our Program Director, Howard Schubiner, and our clinical faculty Robert Burack, Howard Beckman, Rick Butler, Angela Tzelepis, and Rich Frankel who were all committed to our training in the art as well as the science of medicine, and partly because I loved the primary care relationships you develop with your patients and families (many of whom are still my patients today).

“Wellness/wellbeing” wasn’t as defined during my medical training as it is today, but we were nurtured and supported by our leaders and each other long before residency programs put systems in place to protect residents from burnout, such as duty hour restrictions, scheduled wellness events, support for medical/personal leaves, and the like. I taught aerobics during med school and residency and had some amazing travel adventures during breaks in my education, such as 5 weeks and 6 countries by train in Europe, 6 weeks in Australia and New Zealand by myself, and 3 weeks bicycling through the Canadian Rockies with Bike Centennial (now Adventure Cycling) out of Missoula, Montana. These were my key wellness activities.

I have always taken leadership roles throughout my training, and when I came on staff at Crittenton (now Ascension Providence Rochester Hospital), I became involved in medical staff leadership there as well. While serving as Secretary/Treasurer for Medical Staff, Interim President Roy Powell offered me and another candidate the opportunity to take on an interim CMO role for one day per week. I was looking to expand from purely private practice, so I jumped at the chance.

The role progressed to 2 days and ultimately 3 days per week working with the leadership team in Metro-West, which included Brighton & Ascension Providence Southfield/Novi, while maintaining my practice now in Oxford 2 days per week. I love the blend of administration and practice and feel it keeps me “real” in my administrative role, since I’m practicing alongside my colleagues and feel the same pressures around EHR, tasks, reimbursement, and staffing that plagues all private practitioners these days. After 20 years, I merged my private practice into the Ascension Medical Group, which has allowed me more time to focus on patient care and hospital challenges.

The practice of medicine for clinicians and hospital administrators has become more daunting, particularly during and since COVID. Issues include staffing shortages (especially nursing and techs, both worsened post-COVID), flat reimbursements, supply chain accessibility and costs, infrastructure (e.g., technology, structural, security), managerial and associate turnover (primarily maintaining competent and experienced staff) and, most importantly, meeting and exceeding patient expectations regarding their experience during their most vulnerable times.

My advice to young physicians interested in administrative or CMO roles would be to first develop some “street cred” in your field, such as become a hospitalist as I did at Harper Hospital after residency, join or start a practice or work in an urgent care, ED, or rural or travel medicine to hone your clinical skills. After that, seek leadership at the local, regional or state level, such as your county medical society (I was involved in Wayne County Medical Society Legal Section) or other associations like the American Medical Women’s Association or your specialty societies, such as ACP/AAP for Internal Medicine/Pediatrics, respectively, and join committees or take on leadership roles. Put yourself out there by networking at conferences or with local colleagues, and also consider volunteering on hospital boards/foundations to understand hospital operations, strategy, and challenges. Rachel Klamo, my practice partner, started a women’s book club, which is a great opportunity for networking and support. One of the books we recently read was *Dare to Lead* by Brené Brown, which offers easy-to-learn tools and resources for developing courageous leadership, creating safe cultures, expressing vulnerability, and bringing your whole authentic self to work every day.

In summary, to be a leader, particularly as a woman, you will always be challenged in your attempt to balance work and family. You will need to be very organized and have a supportive partner who sees the value of your leadership and doesn’t mind what might be lacking on a regular basis (dinner, a clean house, regular work hours or schedule, a rested spouse, and the like). Choose role models and mentors in your journey, and recognize that wisdom comes from experience, and experience comes from making mistakes through which we learn. I take time to play in the splash park or fish with my grandkids, send personally written thank you cards (rather than an email), phone old friends, spend time outside daily, even when it rains (that’s the best time to kayak or hike), and appreciate every day for the gift it is – this was one of the unseen blessings COVID taught me!