**CFAS Connects: The Real World of the Chief Medical Officer (CMO)**

This webinar featured a presentation from Roberto de la Cruz, MD, the Chief Clinical Officer of Parkland Health and was moderated by CFAS Chair-elect Nita Ahuja, MD, and James “Brad” Cutrell, MD, the CFAS school rep for UT Southwestern and an associate professor in the Department of Internal Medicine at UT Southwestern Medical Center.

Dr. de la Cruz is the Chief Clinical Officer at Parkland Health and previously served as the Chief Medical Officer and chief hospitalist. Dr. de la Cruz earned his MD at the University of Puerto Rico School of Medicine, completed his residency at UT Southwestern at Parkland, and became a hospitalist at another hospital in the region. He returned to Parkland to help the hospital medicine department with hiring, retention, and solidifying the members as faculty. From there, he became the CMO at Parkland and then the Chief Clinical Officer.

**Q&A:**

Q: How do you manage the day-to-day decisions that confront someone in your role while also carving out time to do the necessary strategic thinking and long-term planning?

A: The breakdown is about 70% of the time spent on the day-to-day and 30% of the time on long-term, more strategic planning. Assembling a good group of physician leaders, including a chief of staff, to help with the day-to-day has been key.

Q: How do you think about aligning the missions between Parkland and UT Southwestern? How do you still align missions when things are not always moving in the same direction?

A: Parkland and UT Southwestern had strategic conversations early on about aligning education and research with patient care and this has been beneficial. There is intentionality in aligning the voice of the faculty to the mission of the hospital. Physicians and physician leaders who understand how their hospitals work will be in better positions to effectuate change.

Parkland is very intertwined and interdependent with UT Southwestern. Our patients benefit from having access to that academic environment and we have strong leaders who have been chiefs at Parkland for a long time. One of my responsibilities is to give these chiefs a voice in the executive suite and at the hospital board to help guide decision making.

Parkland and UT Southwestern went through a mission and vision modification exercise and came up with a new mission and vision statement. At Parkland, we realized we had to have an early understanding and alignment with UT Southwestern. I brough a leader from UT into the meetings at Parkland. Our mission statement now includes a focus on education and development.

Q: How do institutional leaders create psychological safety in their teams and organizations?

A: Leaders need to be active listeners to foster psychological safety. Institutions can make progress by offering their leaders training in psychological safety and then measuring the status of psychological safety among their staff.

Q: How do you think about the role of the Chief Wellness Officer and what are some strategies you have used to advance well-being?
A: Executives need to focus on their own well-being along with that of their staff. There are also real monetary investments that need to be made in wellness for staff. Parkland created a committee focused on bringing the joy back into work before the pandemic and also built a physician lounge. Now Parkland is establishing a wellness program through the Chief Wellness Officer. We have a team trained in psychological first aid and members provide listening support when a significant event happens in the hospital. Conducting listening tours in areas that are high risk and bringing those issues straight to the hospital board is also helpful in creating solutions to manage burnout.

Q: How does Parkland ensure that women physicians at all stages of their careers are provided with support and opportunities to provide input on decision making and step into leadership roles?

A: Parkland and UT Southwestern actively try to mentor women physician leaders and bring them into the succession plan of the organization. UT Southwestern has recently hired an associate dean for faculty development who is one of the senior female physician leaders at Parkland.

Q: How do you manage limited resources at the system level to tackle health inequities?

A: Parkland developed a “Health Equity Scholars” program that funds five junior or mid-career faculty with an interest in health equity, and we protect 20% of their time so they can engage in health equity scholarship. The scholars have access to members of the executive suite as mentors and we rotate them through key areas in the hospital such as homeless outreach facilities, correctional health, youth and family centers, clinical informatics, etc. Then we provide them seed data at no cost so that they can do a seed project that will help advance their career. When they finish the 2-year program, they have a mentor, they have a project, and they have connections. Parkland also project-manages various priorities in its Community Health Needs Assessment (CHNA) and attaches physician leaders to the priorities so that we hold ourselves accountable to making progress.

Ending discussion:

There was discussion on how the teaching hospital can support faculty physicians in their efforts to pursue their academic obligations. Chief Medical Officers are in key positions to communicate the value of the academic mission to hospital boards. Hospitals, which control much of the revenue, need to make tangible investments in the academic mission at their affiliated medical schools if academic medicine is going to preserve its unique value through this time of transition.