Problem statement: Physicians need to have leadership skills and use them towards successful advocacy for their patients and their profession.

Background/context: Health systems require collaboration and partnership between physicians and other leaders within organizations. However, the skills required to be a physician leader are not intuitively groomed within the realm of medical education. This recognition is now evident by educational regulatory bodies. In 2007 the Residency Review Committee for Family Medicine approved a new requirement for training in leadership during family medicine residency.¹ To address the need for physician education in leadership skills as well as quality and advocacy, the Family Medicine Department at the Donald & Barbara Zucker School of Medicine at Hofstra/Northwell created a quality, leadership and advocacy (QLA) elective and track for residents and an advocacy workshop for the medical students.

Methods: Utilizing the resources of the Society of Teachers of Family Medicine (SFTM) as well as other local, regional and national opportunities, an elective and track was created which afforded residents the opportunity to gain the skill set of future physician advocates. The program required faculty familiar with the subject to be the “track director” who worked on the individual educational plan (IEP) and also the basic format of (a) didactics (b) journal club (c) experience (d) mentoring (e) exposure to society organization (f) project and (g) presentation. Elective time for residents were combined and then used as dedicated tracks 12 weeks of elective over 2 years (MD) or 3 yrs (DO). Run via the system department of family medicine to ensure consistency and equity.
Students were given an annual advocacy workshop held in February which involved 4 sessions culminating in op-eds, media and lobbying opportunities.

**Outcomes:** Over 35 residents who have done the advocacy training with over 1/3rd getting leadership roles post-graduation.