

# The Leadership Forum

**a publication from the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM)**

*“To be the voice of ACLGIM and communicate about leadership challenges and solutions in academic medicine to members, the SGIM community, and other stakeholders.”*



Neda Laiteerapong

## From the Editors Reflections as an ACLGIM Leadership Forum Editor

Neda Laiteerapong, MD, MS

*Dr. Laiteerapong (nlaiteer@medicine.bsd.uchicago.edu) is an assistant professor at the University of Chicago in the Section of General Internal Medicine.*

There has been a decade-long history of outstanding editors, with each leaving their mark. Starting in 2008, Valerie Webber established the *Leadership Forum* as a foundational part of ACLGIM. Then, Carlos Estrada, during his tenure from 2011-2012, added the voices of fellows and junior faculty. It was at that time that Carlos recruited me, a general internal medicine fellow, to write a series of reviews of *Harvard Business Review* articles. From 2013-2016, April Fitzgerald took the editorial helm and increased the impact of ACLGIM by using the *Leadership Forum* as the venue for speakers at the Winter Summit and Hess Institute to share their insights for the wider SGIM audience.

When April asked me to step up from associate editor to editor, I easily agreed because it was an honor and she had also secured an outstanding co-editor, Elisha Brownfield. During my time, I've worked to streamline the process of making the newsletter—Marie Kondo'ing it, as I like to call it—by creating a spreadsheet to track work, templates for recurring messages, and a system for sharing documents. I have also worked to ensure its sustainability by easing the burden of article writing and starting an interview series so busy leaders can share their vision, without writing it themselves. I have also been lucky to get approval for and to recruit two additional associate

editors—David Margolius and Maureen Lyons—so that the *Leadership Forum* editor transitions will be more gradual over time.

In addition, the support of the ACLGIM Leadership Board has resulted in the establishment of the vision/mis-sion statement of the *Leadership Forum*. After working in some capacity with the *Leadership Forum* for 6 years, it is time that I let others lead. I've had the honor of working with Elisha while I was editor and have learn so much about leadership and mentorship from her. I am certain that the ACLGIM *Leadership Forum* will be sustained and grow under her leadership.

1

## Leaders in Action An Interview with Mitchell Feldman, MD, MPhil

*Dr. Feldman (Mitchell.Feldman@ucsf.edu) is professor of medicine at the University of California, San Francisco School of Medicine.*



Mitchell Feldman

The following responses were gathered and paraphrased from an interview conducted at the ACLGIM Summit meeting.

### Could you tell us about your current position at UCSF and how you got to this position?

I am currently the chief of the Division of General Internal Medicine of UCSF Health and the associate vice provost, Faculty Mentoring at UCSF. Prior to my

medical training, I studied medical anthropology at Cambridge University and initially went to UCSF to pursue a PhD in medical anthropology before being drawn to medicine. My background in the social-behavioral sciences has informed my career in many ways, perhaps specifically in

focus on the relational aspect of training and clinical practice and eventually into my work on mentorship over the past decade, work that led to my university wide and division leadership roles. I recently spent one year in Japan as a Ful-

*continued on page 2*

## Leaders in Action

continued from page 1

bright Research Scholar studying mentorship in medicine in a cross-cultural context, a truly fascinating experience.

### The mentoring leadership role is really unique position. How would you summarize your mentorship philosophy?

In academic medicine, we are fortunate to have many different career opportunities, so we are often making decisions and pursuing various options, but these decisions are rarely informed by deep reflection on our personal and professional values. An important role for a good mentoring relationship is providing time and space for reflection about core values and making sure your decisions align with your core values—both personally and professionally. Sometimes they will conflict; it's not about achieving that elusive balance, but more about integrating them as best you can. We may make decisions at one stage of our

personal or professional lives that change at another stage. I have met too many senior faculty who regret time not spent on things that they deeply value, but they had lost touch with those core values. I don't want to look back with regret.

### What mentorship advice do you have for junior faculty?

For junior faculty, building a mentorship team is essential. You need both challenge and support. You need to find mentors who can challenge you to be the best version of yourself and to support you through the process of finding professional-personal life integration. It's important that all junior faculty have a career mentor who is not their boss or direct report. Personally, it's been challenging for me to move from wearing the mentor hat with many of our faculty to a new relationship with the division chief hat on. A mentee needs to be sure that they will have full trust and confidentiality in a mentoring relationship. This may be hard at smaller institutions, hence the value of mentoring and leadership programs sponsored by SGIM and ACLGIM.

### You've accomplished so much in your career; how did you do it?

I'm big on career development and having career development plans. The fun thing about a career in academic GIM is that you should be open to taking on a new opportunity. It's important for you

and your mentees to take risks, to stretch themselves. Every risk taken doesn't always work out, but if you're too careful, you'll take the unexpected opportunities and even the joy out of your career. Balance risk taking with focus and following up on your career plans.

### What is your perspective on the future of primary care in the next 10 or 20 years? Are we going to be in crisis again?

Crisis isn't bad because it's all about change, and we should be constantly changing and evolving. I've learned that crisis should be seen as an opportunity for change. One crisis now in GIM is physician burnout and how to bring joy back to clinical practice. We need to move from volume to value. UCSF is now 50% panel-based compensation and 50% RVU-based. We've changed our payment model to acknowledge all of the work that doctors do to take care of their patients when they are not in the office. Our quality metrics have been pretty good, so we believe that we're doing something right.

We haven't yet been able to figure out how to integrate digital health or population health. UCSF is hoping to be a leader in clinical innovations. We're implementing new programs focused on depression and behavioral health. We have to figure out how to roll out technology in a way that brings joy back to medicine.

## View from the Hess Institute 2018 Leading and Working in Virtual Teams: The Challenges, Benefits, and Techniques to Consider

M. Travis Maynard, BBA, MBA, PhD

*Dr. Maynard (Travis.Maynard@colostate.edu) is an associate professor in the Department of Management at Colorado State University.*

As a result of the advancements in information technology and increased specialization of medical and allied health professions, virtual teams have become quite prominent across almost every industry, including health care. A virtual team (also known as a geographically dispersed team, distributed team, or remote team) usually refers to a group of individuals who work together from different geo-

graphic locations and rely on communication technology, such as e-mail, video, and voice conferencing in order to collaborate. For healthcare professionals, such communication can also occur through electronic health records. In line with their use in practice, academic audiences are giving greater research attention to the topic of virtual teams. At the Hess Institute, I lever-

continued on page 3



Travis Maynard

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## View from the Hess Institute 2018

continued from page 2

aged my research on virtual teams and highlighted findings from academic and practitioner-oriented sectors.

While virtual teams have numerous advantages, they also can present challenges such as:

- Reduced non-verbal communication
- Leadership challenges
- Potential for reduced engagement
- Differences in cohesion and trust among team members

In response to these challenges, several strategies introduced by myself as well as from those in attendance to enhance the effectiveness of virtual teams include:

- Set norms, expectations, and roles early
- Pay close attention to virtual team composition
- Be clear and concise in your virtual communication
- Think about the technology your

team uses

- Establishing trust is key
- Build relationships among team members

In closing, it was clear from our discussions at the Hess Institute that the use of virtual teams in healthcare is apt to only increase in the future. Accordingly, the topic is important to leaders in this industry and I hope our conversation at the Hess Institute is only the start of the conversation around how best to manage such teams in health care.

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## View from the Hess Institute 2018

### Personal Knowledge Management with Electronic Notebooks: An Approach to Reducing Leadership Stress

Neeraj Tayal, MD



Neeraj Tayal

*Dr. Tayal (Neeraj.tayal@osumc.edu) is an associate professor of medicine and the director for the Division of General Internal Medicine and Geriatrics at the Ohio State University Wexner Medical Center.*

**M**anaging people is an inherently stressful activity. The job of a leader entails reconciling the needs of the organization with the needs of physicians and staff. Conflict is a predictable result. Succeeding in this important work requires time—time for listening, communicating, and building trusting relationships. Time, unfortunately, is in short supply for healthcare leaders. A constant onslaught of information in the form of e-mails, meetings, and documents of varying relevance and importance often overwhelm the most talented of individuals.

Without a system of information storage and retrieval, leaders can become overwhelmed and exhausted.

To counter this dynamic, managers need an effective knowledge management system that is intuitive to use and seamlessly integrates into their routine. Fortunately, electronic notebooks have many of the features needed to create a high functioning knowledge management system. Electronic notebooks, such as Microsoft OneNote, store and organize information in a manner that is easily conceptualized. It is installed on most office computers and is integrated

into the Microsoft Office ecosystem. This platform accepts all types of information, indexes entries, and allows easy searching. It also supports collaboration on common documents. Electronic notebooks are flexible and expandable allowing users to refine their management system as their responsibilities evolve. When used consistently, these tools can unburden healthcare leaders from information overload. More importantly, they can give us back the time needed for the thoughtful communications and relationship building so critical to our personal and professional success.

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## View from the Hess Institute 2018

### Get Your Ideas Heard!

Peter J. Clayton



Peter Clayton

*Mr. Clayton (claytopr@ucmail.uc.edu) is executive director of business & administration at the department of internal medicine at University of Cincinnati.*

**N**ew clinical leaders may wonder how they may introduce their ideas to the broader organization in a way that allows those ideas to be heard in the decision-making process. All organizations have defined hierarchies and usually have expected processes to be

followed when requests for new programs or new resource allocations are being made. Understanding those hierarchies and processes is key to getting your ideas heard. However, it is equally important that the program or resource need fits with the organizational direc-

tion as defined by its mission, vision, values, and strategic plan. Your business leader plays a valuable role in assisting with refining your idea in the organizational context and defining the associated resource needs in a way  
*continued on page 4*

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1500 King St., Suite 303, Alexandria, VA 22314

## View from the Hess Institute 2018 continued from page 3

the hierarchy may be successfully managed.

The following is a series of seven steps to effectively develop and implement a new idea in a large organization:

1. Learn the management language of your organization.
2. Frame your proposal.
3. Develop the proposal.

4. Share the proposal for feedback.
5. Submit the proposal.
6. Accept the feedback.
7. Implement the approved plan.

Clinical leaders may use tools outside of their organization, such as the Mission Model Canvas or SBAR (situation, background, assessment, recommendation) technique, to develop and express their ideas, yet should also adapt to any pre-defined process. At a senior management level, a succinct

two-page proposal summary is more effective than a lengthy treatise. Because of resource constraints, approval of a good idea is *not* guaranteed.

In summary, clinical leaders may use a variety of tools and processes to frame their ideas for those making decisions in their organization. Clinical leaders will have the greatest success when their new ideas align with the organizational strategic direction and they communicate efficiently.

4

## View from the Hess Institute 2018 Leading from the Middle

Rita S. Lee, MD; Deborah Burnet, MD, MAPP;  
Michele Fang, MD; April Fitzgerald, MD, MEHP, FACP



Rita Lee



Deborah Burnet



Michele Fang



April Fitzgerald

*Dr. Lee (Rita.Lee@ucdenver.edu) is associate professor at the University of Colorado. Dr. Burnet (dburnet@medicine.bsd.uchicago.edu) is professor and chief of general internal medicine at the University of Chicago. Dr. Fang (Michele.Fang@uphs.upenn.edu) is associate professor at the University of Pennsylvania. Dr. Fitzgerald (afitzg10@jhmi.edu) is assistant professor at Johns Hopkins University.*

Leading from the middle—managing constituencies and stakeholders above and below your level at the institution—can be one of the most challenging leadership positions. Leaders often face issues around complex systems, stakeholders with competing priorities and interests, and competing domains of power and influence. In order to lead teams/units effectively, while managing complex stakeholder relationships and expectations, leaders must articulate a clear vision and effectively communicate with stakeholders.

First, leaders should create a clear, shared vision. Ideally, this vision will be inspirational in outlining the purpose of

the team and describing the future state the team hopes to achieve. The team vision should be clearly visible and serve as a guidepost for the team's efforts in the face of multiple competing interests.

Next, leaders should create a stakeholder map and strategic plan for stakeholder management. Stakeholder mapping includes the following steps:

- Identifying—listing relevant groups, organizations, and people
- Analyzing—understanding stakeholder perspectives and interests. Ask, Listen, Learn!
- Mapping—visualizing relationships

to objectives and other stakeholders

- Prioritizing—ranking stakeholder relevance and identifying issues

Once stakeholder mapping has been completed, leaders can then develop a management plan for each stakeholder that tailors communication, engagement, and involvement to their needs.

While leading from the middle can be one of the most challenging leadership positions, leaders can articulate a shared vision, create a stakeholder map, and develop a stakeholder engagement plan to foster alignment of diverse interests.