

# 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.”*

## Editorial Corner From the Editors

Elisha L. Brownfield, MD; David Margolius, MD; Maureen Lyons, MD



Elisha Brownfield David Margolius Maureen Lyons

How does ACLGIM collaborate with SGIM, and where can the strategic priorities of both organizations synergize?

The leadership of both groups spent the past year exploring these and other questions as they plan for a future of service to members. We lead this issue with an overview of ACLGIM goals for 2019-21 as outlined by leadership following a retreat at the 2018 Winter Summit. Dr. Liz Jacobs also

brings us a report from the Summit summarizing suggestions for developing the faculty of Divisions of General Internal Medicine. The 2019 Hess Institute preceded the SGIM National meeting, and we bring you an outline of the presentation by Drs. Schnapp and Davis focusing on funding the academic mis-

sion. Finally, we are pleased to bring two new features to the *Leadership Forum*—presentation of the ACLGIM Annual Award Winners and the ACLGIM Book Club highlighting great and impactful leadership literature.

Wishing you a Happy Summer!

## President's Corner Plus Strategy ACLGIM Strategic Goals: 2019-21

Carlos Estrada, MD; Stewart Babbot, MD; Elisha Brownfield, MD; Jillian Gann; Laurence McMahon, Jr., MD, MPH; Mohan Nadkarni, MD; Anuradha Paranjape, MD, MPH; Eric Rosenberg, MD, MSPH; Valerie Stone, MD, MPH (ACLGIM Leadership)

In 2018-19, the ACLGIM executive leadership launched the process to update ACLGIM's 2019-21 strategic goals. This effort was both an alignment with SGIM's ongoing strategic planning initiatives and an opportunity to rearticulate ACLGIM's mission within the larger SGIM context. In this article, we share initial steps, the process we took, results of needs assessments, and the revised goals.

Members of the ACLGIM executive team launched a process to review strategic priorities that included group discussions and the analysis of a membership needs assessment sur-

vey. We reviewed previous ACLGIM priorities, discussed programs completed (example: WELL program), and reviewed a long list of ideas generated by members.

In October 2018, 45 ACLGIM members responded to a survey about their needs. Most responders (91%) were affiliated with academic medical centers, half worked primarily in ambulatory settings, one third in hospital and ambulatory settings, and a tenth in hospital settings. About two thirds were chiefs and 64-77% of them have participated in ACLGIM programs in the past five years (Summit, Hess,

ACLGIM Connect, or the annual meeting dinner).

Among responders, the top three benefits listed in the exhibit are consistent with prior surveys.

An informal thematic analysis of comments using the SWOT framing was illustrative. *Strengths*, members consistently mentioned networking as important. *Weakness*, members shone the light on areas of culture (felt "clubbish" and not welcoming to new members), lack of focus, unclear mission, cost, and relationship with SGIM. *Opportunities*, members listed many, such

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## President's Corner Plus Strategy

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as expanding programs (LEAD, WELL), reach to members in community settings, tapping the collective wisdom to solve real challenges faced by our members (such as burnout, wellness, practice redesign, clinic workflow efficiency, panel management, population health), recruitment, advocacy, mid-career, relations with other organizations (ACP), link with mentors, advocacy, encourage senior members to attend, and recruit more academic hospitalists. *Threats*, members listed competing organizations and demands, financial structure, other leadership development opportunities, retention, and culture.

Working with SGIM and the overall revised SGIM strategic goals (SGIM *Forum* Oct 2018), the ACLGIM Executive Committee felt the SGIM goal that was in closest alignment with ACLGIM member interest is "Foster the development of future leaders in academic general internal medicine" in that:

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### ACLGIM Top Three Benefits

	N (%)
• Summit	34 (77%)
• Hess	26 (59%)
• ACLGIM Connect	26 (59%)
• Networking	24 (54%)
• Leadership skills	11 (25%)

- Develop an integrated, comprehensive portfolio of career development initiatives;
- Run programs to stimulate interest in careers in general internal medicine; and
- Offer awards to recognize innovators, scholars, and leaders in academic general internal medicine.

With this available information, the ACLGIM executive leadership defined three goals FY 2019-21 at the 2018 Winter Summit (see the table below). As we move forward, the next steps include aligning ideas for implementation with these 2019-21 goals. Examples of our goals and tactics are in this table.

Reflecting on value to members from this past year, the Winter Summit remains a pillar of delivering value. This year, Drs. Jennifer Kraschnewski and Suzanne Brandenburg organized a very successful Summit with a particular focus on promoting the professional development of leaders, including women and underrepresented minorities. Experts in the field discussed current challenges and solutions regarding panel size, gender equity, and philanthropy.

Attendees had plenty of opportunities to network, including with Executive Leadership in Academic Medicine (ELAM) leaders. The presentations, discussion and connections were all well received.

The ACLGIM member community discussions in GIM Connect provided a rich forum to ask questions and share current practices—topics have included panel size and compensation models in academic GIM divisions. We continue to celebrate members with established awards including the ACLGIM Chief's Recognition Award, ACLGIM Leadership Award, Fredrick L. Brancati Mentorship and Leadership Award, and the UNLTD Program. As important as these activities are, the engagement of *all* of our members is one secret of our success, and one ongoing goal.

We welcome member's interest to become involved.

### References

1. Estrada C, Gann J. President's corner. ACLGIM 2018-19 plans. *The Leadership Forum*. 2018;10:2,3.
2. Corbie-Smith G. Starting with "why"? *SGIM Forum*. 2018;41(10):3,12-14.

### ACLGIM Goals (2019-21)

**Goal #1:** Provide value and support to leaders as ACLGIM members.

**Goal #2:** Foster the continuous development of current and future leaders in academic GIM.

**Goal #3:** Synergize with key SGIM priorities and external partners.

### Tactics

Hess Institute, Winter Summit, ACLGIM communications (Forum, Connect), site visits, and awards.

Hess Institute, Winter Summit, LEAD program (in alignment with the SGIM Career Development group). Proactively reach out to emerging leaders within SGIM especially URM and women leaders to invite them to join and engage in ACLGIM.

SGIM Career Development group and other committees (clinical practice, national meeting).

\*\*External partners: AHA (1.0 and 2.0), SHM, ACP, AAIM (ASP, APM), AAFP, STFM and AAMC CFAS.

\*\*AHA: Academic Hospitalist Academy, SHM: Society Hospital Medicine, ASP: Association of Specialty Professors, APM: Association of Professors of Medicine, ACP: American College of Physicians, AAIM: Alliance for Academic Internal Medicine; AAFP: American Academy of Family Physicians, STFM: Society of Teachers of Family Medicine, AAMC CFAS: Council of Faculty and Academic Societies (CFAS).

## ACLGIM Awards and Grants

Please join us in congratulating this year's ACLGIM Award Recipients!

For details on each award, please visit the Awards and Grants page on the ACLGIM Web site.

### 2019 ACLGIM Awards and Grants

ACLGIM Chief's Recognition Award  
ACLGIM Leadership Award  
Fredrick L. Brancati Mentorship and Leadership Award  
Unified Leadership Training in Diversity (UNLTD) Grant

**Jeffrey Samet, MD, MPH**—Boston University  
**Stacie Schmidt, MD**—Emory University  
**Alexander Walley, MD, MSc**—Boston University  
**Eloho Ufomata, MD, MS**—University of Pittsburgh;  
**Raquel Greer, MD**—Johns Hopkins

## View from the Summit Developing Your Faculty's Leadership Skills and Visibility: Recommendations from the ACLGIM 2019 Winter Summit

Elizabeth A. Jacobs, MD, MPH



Elizabeth Jacobs

*Dr. Jacobs (liz.jacobs@austin.utexas.edu) is the chief of primary care and value based health and professor of Medicine and Population Health and the vice chair for Research, Department of Medicine, at the University of Texas at Austin*

One of the best things about the Association of Chiefs and Leaders in General Internal Medicine (ACLGIM) meetings are the opportunities to learn and network with successful leaders and mentors of successful leaders. At this past year's Winter Summit, a group of Division Chiefs and other leaders met to discuss how it has been able to develop its faculty as leaders, to make sure they are recognized as leaders at their institutions, and to equitably elevate leaders.

Our attendees had several strategies to develop leaders. A common strategy was mentoring faculty until they were mature enough to lead and then transitioning them into leadership roles. In addition to mentoring, some Division Chiefs used clinical revenue or other division funds to pay for leadership development. Others nominated their faculty for institutional leadership training programs or created leadership tracks within their division. A common challenge to faculty development and

promotion of faculty was the lack of open leadership positions because they had been recently filled or someone had been in that position for many years, precluding the move of younger leaders into the position. One strategy for dealing with that potential issue is setting some term limits on how long leadership positions are held and working with the leader in the position to participate in succession planning. We also spoke of the importance of titles to faculty and of being seen as leaders in their organization.

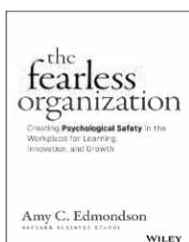
An important part of ACLGIM members' missions is to promote diversity in our profession, particularly in leadership in academia where women and minorities are underrepresented. Thankfully, there are now many programs to promote diversity in leadership, including in ACLGIM, but our group had additional suggested strategies for diversifying its leadership group. The first was to have an open application process, advertising

positions, personally inviting women and minority faculty to apply, and working to have an unbiased selection process based on criterion agreed to before even accepting applications. Way too often, we go to people we know and who are like us. We can, however, train mentors to open their minds and understand the ways to reduce our unconscious bias as mentors and address the unique barriers female and minority faculty face in their leadership and career journeys. If this is not working, too often our faculty poses its own barriers to seeking out leadership opportunities as so many of us have "imposter syndrome." A great strategy in this context is to express your confidence in that faculty member, help them get mentoring, and continue to invite them to the table. We encourage leaders to consider some of these suggestions from ACLGIM members when developing leaders in their own Divisions and institutions.

### ACLGIM Book Club! What Leadership Books Are We Reading?

**Dave Margolius**  
*The Fearless Organization*  
by Amy Edmondson

"Building and reinforcing psychological safety is the responsibility of leaders at all levels of the organization."



**Maureen Lyons**  
*Crucial Conversations: Tools for Talking When Stakes Are High*  
by Patterson, Grenny, McMillan, and Switzler

"At the core of every successful conversation lies the free flow of relevant information."



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## View from the Hess Institute Money Makes the World Go Around: Sustaining Academic Missions in Today's AMC

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Lynn Schnapp



Stephanie Davis

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**U**nderstanding how finances work within a complex academic environment is critical when developing a proposal or business plan for new initiatives.

New clinical programs should be aligned with the overall enterprise-wide strategic vision. Most proposals, or programs, begin with an executive summary—a short overview of the plan. One should consider market share analysis, including projected growth, payer mix, projected expenses, and downstream revenue generation for the entire clinical enterprise. Revenue generation includes professional fees (i.e., wRVU), ancillary testing, facility fees, and inpatient hospitalization profits. Understanding your market will influence your proposal. Are you in a heavily capitated, a value-based, or primarily fee for service market? Does the new program provide anticipated referrals for other mission-critical programs?

New research programs should leverage preexisting clinical strengths. While federally supported research has traditionally been the major source of funding, other sources—such as philanthropy, foundation, and industry—are becoming more important. Educational programs may be funded via grants, state funds, philanthropy, and clinical activities. Graduate medical education (GME) costs are offset by direct GME payments from Medicare to teaching hospitals.

In these times of financial uncertainty, it is even more important to align with institutional financial leaders during development of any proposal.



**There is nothing like an on-site visit to problem solve and move you and your team to the next step.**



*"The site visit process was very worthwhile—not only because of the insights of the visitors but also because of the message they delivered directly to my faculty in their individual meetings."*

*Dr. Thomas Tape, MD  
University of Nebraska*

**Arrange for a site visit.**

**[www.sgim.org/aclgim-tools--programs/site-visit-consultation](http://www.sgim.org/aclgim-tools--programs/site-visit-consultation)**