Vol. 8 / No. 2 / Jun 16

The Leadership Forum

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

April Fitzgerald

From the Editor

Each spring, ACLGIM hosts the Leon Hess Management Training and Leadership Institute (aka Hess Institute) prior to the SGIM annual meeting. This year, the Hess Institute was held on May 11, 2016, in Hollywood, Florida. This issue of *Leadership Forum* features articles by two of the Hess Institute speakers. Each article is only a glimpse of the valuable information presented at the Hess Institute, and we thank the speakers for sharing their words of wisdom.

Our first article is by Dr. Wishwa Kapoor. He describes the leadership journey for a Division of General Internal Medicine that unfolded over two decades of growth and change. Dr. Michele Cyr's article offers advice on the importance of negotiation for medical leaders. The third article in this issue is by our 2015-2016 ACLGIM president, Dr. Jean S. Kutner, as she takes a look at the ACLGIM year in review.

The June issue is my last as the *Leadership Forum* editor. I would like to thank the ACLGIM officers and staff for the opportunity to serve, the inspiring speakers and members who contributed their time and effort to write, my associate editor, Neda Laiteerapong, for camaraderie and strong work. I would also like to thank Juliana McCarthy from Johns Hopkins University Press, whose generous support improved the quality of each issue, and Howard Petlack, whose patience and speedy turnarounds ensured each issue made it to press.

Correspondence on future issues of the *Leadership Forum* may be sent to our new Editor, Neda Laiteerapong, at nlaiteer@medicine.bsd.uchicago.edu. Neda, we look forward to your stewardship and wish you all the best, Godspeed!

Wishwa Kapoor

Words of Wisdom

Setting Priorities, Being Transparent, and Seeking Participation in Times of Change

Dr. Wishwa Kapoor is a Distinguished Service and Falk Professor of Medicine at the University of Pittsburgh. He practices internal medicine at UPMC Montefiore Hospital and is Chief, Division of General Internal Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania. kapoorwn@upmc.edu.

When I first took over in 1994 as Chief of the Division of General Internal Medicine (DGIM), I knew I had my work cut out for me. We had 25 faculty members, and that included Geriatrics. The research faculty consisted of five people, of which I was one. Our clinical operations were in need of overhaul, we had no specific directives from the Chair, and our budget package was a meager $750,000. It can be difficult to know where to start, and sometimes it's best to just jump right in.

I immediately hired an administrator to help me with implementing changes. Over the years, we reorganized the faculty, rebuilt the clinical

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operations, and parted ways with Geriatrics. We renovated our space, implemented electronic health records, and negotiated budgets. We recruited a medical director, developed quality improvement infrastructure, built a fellowship program, greatly expanded educational programs, and created special programs for women's health, palliative care, underserved populations, hospital medicine, health services research, and clinical research training. We recruited faculty in large numbers. Today, we have 140 faculty members—a mix of researchers, educators, and clinicians. We have incredibly successful residency and fellowship programs, as well as several centers for research and training, such as the Center for Research on Health Care and the Institute for Clinical Research Education. Our research expenditures hover around $20 million annually, and our group includes a healthy mix of senior, midlevel, and junior faculty.

The road from there to here has been adventurous, to say the least. I've made mistakes, I've had successes, and I've learned some valuable lessons over the years.

I quickly realized that in order to lead, a vision is critical. Having a clear vision allows you to focus on all the possibilities, so that you can strategize ways to achieve your goals and seize any and all opportunities. A vision also dictates recruiting the "right" faculty and letting go those who do not fit into the new realities—an element critical to the success of the Division as we built teams that functioned effectively and moved the organization forward.

Giving up some control is a tough one. As a leader and just one person, you need to accept that you can't do everything. Trusting your faculty and staff is one of the many "musts" of leadership success, and I had to learn how to give up control. I provide autonomy to faculty and support their decisions even when I know I would do something differently. I continue to consult faculty and staff when major decisions need to be made, and their opinions and advice are invaluable. By trusting your team, delegating major responsibilities, and supporting others' decisions, you are providing opportunities leading to sustainable careers as well as creating the future generation of leaders.

Celebrating is a much easier one. It's extremely important to recognize and honor faculty and staff successes—both as a group and individually. When you acknowledge achievements, you instill ambition. I regularly send out notices of awards, accomplishments, and new leadership roles, explicitly thanking faculty and staff for their excellent contributions. Without them, the DGIM would not be as successful as it is, and I need them to know that.

This journey toward becoming a great division has been long and, at times, difficult. But it has also been worth every moment which I recognize when I step back and see the ground that's been covered. I am proud of all the successes and achievements, and I'm proud to lead such a great group of individuals at the DGIM.


Michele Cyr

Words of Wisdom
Negotiation for General Internists

Dr. Michele Cyr is a Professor of Medicine, Professor of Medical Science, and Associate Dean for Academic Affairs, Brown University. She practices primary care in Providence, Rhode Island. Michele_cyr@brown.edu.

Physicians are notoriously bad negotiators—at least that is what we are told. The explanation is often that physicians are not taught to negotiate. But when you consider the essential skills for successful negotiation—preparation, information exchange, bargaining, and closing and commitment—there's a huge overlap with the skills required to be an excellent physician. In fact, much of what we do in patient encounters is negotiation.

My suspicion is that our discomfort with negotiation outside of the

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doctor-patient relationship is because we think of negotiations as arising out of conflict, which is something we'd all rather avoid. To make matters worse, many of us really hate talking about money, which is often the main subject of negotiations.

If you were to think about negotiation as an essential skill of a GIM leader, it might make it more palatable. Ultimately, as a GIM leader, you are responsible for the success of your organization, which is determined by the success of those who work with and for you. In order to succeed on all of these fronts, you will need to negotiate.

The first stage of negotiation is *preparation*. It is absolutely essential that you do your homework and get as much information as you can about your negotiating partner's values, interests, needs, practices, and negotiating style. It is also essential to research any available data and benchmarks to set the stage for an evidence-based negotiation. Also, as part of your preparation, you should establish your goal or target value. Your goal should be aspirational, but not outrageous. You should also consider the worst deal you'd accept (reservation value), which will inform your best alternative to a negotiated deal (BATNA). Your BATNA is the answer to the question, "If you can't get a reasonable deal, will you accept the status quo or choose another option?"

The second stage of negotiation is the *exchange of information*. This stage is where your doctoring skills will come in handy. The goal is to get a clear understanding of your negotiating partner's values, interests, goals, and practices through diagnostic open-ended questions—who, what, where, when, and why, Active listening—paraphrasing, asking clarifying questions, and summarizing—increases the effectiveness of the exchange.

The third stage of negotiation is *bargaining*. It is in the bargaining phase that you use your knowledge of the other party's values and needs to find the win-win solution. This may require innovative, creative thinking to invent options for mutual gain. During this phase, all options are fully explored, weighed, and adjusted to reach agreement.

The final phase of negotiation is *closing and commitment*. Once an agreement is reached, it is critical to have a strong, clear, and optimistic closing that ensures an ongoing, trusting relationship. Contracts and Memoranda of Understanding make the commitment clear. So, shake hands, get it in writing, and make a toast to your mutual success and your ongoing relationship.

For GIM leaders, the importance of effective negotiation is great because your negotiating abilities will have large downstream effects. As physicians, we are well-versed in negotiating, since every patient encounter is a negotiation. With additional practice in negotiation, you will be more successful at achieving shared goals, which is the ultimate accomplishment.

Jean Kutner

President's Corner
The Year in Review

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This year has been a terrific year for ACLGIM—a combination of continuing to strengthen and enhance its existing offerings while strategically planning for the future to ensure that ACLGIM is meeting the needs of its members and of general internal medicine. ACLGIM is heading into this next year with a renewed sense of purpose and direction.

Over a series of teleconferences and in-person meetings held in conjunction with the 2014 and 2015 ACLGIM Winter Summits and at the 2015 Annual Meeting in Toronto, the ACLGIM leadership has refined the ACLGIM vision and identified key strategic initiatives. Guiding principles for these discussions and planning were identifying the value proposition of ACLGIM to its members and synergizing with key priorities and initiatives as identified by SGIM Council.

I am pleased to share with you the ACLGIM Strategic Goals for 2016-17 and examples of key tactics for achieving these goals (see table on page 4).

ACLGIM leadership, in collaboration with national office staff, is already actively working on operationalizing these goals and tactics. Stay current by visiting the ACLGIM website (http://www.sgim.org/aclgim-home) or joining in the discussion through GIM Connect (http://connect.sgim.org/home).

When seen in total, it is clear that ACLGIM is a vibrant and thriving organization, with a diversity of offerings relevant to general internists who are already serving as leaders who are developing their leadership skills. It is only through its highly committed volunteers and the support of Jillian Gann and her colleagues at the SGIM national office that so much can be accomplished. Thank you to *all* members of the ACLGIM volunteer leadership (http://www.sgim.org/about-aclgim/leadership) and to Jillian and her col-

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leagues, who consistently amaze me with their depth of knowledge, commitment, enthusiasm, and expertise.

ACLGIM has been my "leadership home" since 2002 when, as brand new interim Division Head, I reached out to ACLGIM leadership and said, in so many words, "help, I'm in this new position and I have a lot to learn—and quickly!" ACLGIM has continued to sustain me over the past 14 years as my leadership roles and my needs as a leader have evolved. It was thus a tremendous privilege and honor to serve as ACLGIM president over this past year. Thank you all for affording me this opportunity. It has been a tremendously rewarding experience. I am confident that ACLGIM is in outstanding hands under the leadership of the new president, Dr. Liz Jacobs. The future is bright!

Goal 1: Define ACLGIM core community	Refined definition: *General Internist Leaders in Policy, Innovation, Patient Care, Education, Scholarship, Research, and Administration*
Goal 2: Internal GIM advocacy	Develop skills, and tools needed by our core and future members to advocate for GIM within their institutions. *Enhance Existing ACLGIM Programs and Partnerships*: LEAD Program: http://www.sgim.org/aclgim-tools—programs/lead UNLTD Program: http://www.sgim.org/aclgim-tools—programs/leadership-diversity Hess Institute: http://www.sgim.org/aclgim-meetings/management-institute Winter Summit: http://www.sgim.org/aclgim-meetings/past-summits Academic Hospitalist Academy: http://www.academichospitalist.org *Create tools to advocate for funds and resources to lead change (webinars, site visits targeted to new chiefs to include negotiation strategies).* *Participate in white paper on definition of academic GIM practice.*
Goal 3: Synergize with key SGIM strategic priorities	*Map SGIM structures, processes, and strategic priorities and connect where appropriate to avoid duplication, connecting on key, timely issues.*
Goal 4: Enhance physician wellness	*Work Life and Wellness initiative:* http://www.sgim.org/aclgim-tools—programs/work-life-and-wellness *Collaborate with SGIM Clinical Practice Committee*
Goal 5: Deliver value as a member organization by strengthening products and programs, and increasing visibility	*Examples* Site visit consultation: http://www.sgim.org/aclgim-tools—programs/site-visit-consultation Awards: http://www.sgim.org/aclgim-tools—programs/awards-and-grants Update online toolkits: http://www.sgim.org/aclgim-tools—programs/chiefs-tool-kit Develop presence at regional meetings through member lead sessions. Strategic partnerships with other organizations (e.g., ADFM, ACP)