

The Leadership Forum

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



April Fitzgerald

From the Editor

This issue features articles by two ACLGIM speakers. Brigadier General Balan Ayyar, former U.S. Commanding General in Afghanistan, gives words of wisdom on leading in crisis. Gen. Ayyar will be speaking at the upcoming SGIM annual meeting in Toronto as part of the ACLGIM LEAD program and in a SGIM Special Symposium on Leadership.

Our second article is by Dr. Monica Lybson, one of our inspiring

speakers at the 2014 ACLGIM Winter Summit in Arizona. Dr. Lybson offers sage advice regarding the importance of health disparities scholarship, an area where she has shown strong and successful leadership.

Our third article in this edition is from our current ACLGIM president, Dr. Tracie Collins, as she takes a look at the year in review.

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 will be held on April 22, 2015, in Toronto. ACLGIM members and nonmembers are encouraged to register and attend the Hess Institute for a guaranteed valuable leadership learning experience.

As always, we both welcome and encourage your contributions to the *Leadership Forum*. Correspondence may be sent to afitzg10@jhmi.edu.

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Leading in Crisis

U.S. Air Force (Retired) Brigadier General Balan Ayyar was the Commanding General of CJATF-435 in Afghanistan protecting Afghan and coalition forces and developing Rule of Law. He is currently the Chief Operating Officer of Sevatec, Inc. in Fairfax, Virginia. bayyar@sevatec.com.



Balan Ayyar

"The Chinese use two brush strokes to write the word "crisis." One brush stroke stands for danger; the other for opportunity."

—President John F. Kennedy

Leading in crisis is different than the deliberate actions we take to create great leadership environments in day to day operations. Without forethought, many people reflexively respond to crisis without realizing all of the opportunities the situation affords. We likely all agree that the

more training a team has in preparation for crises, the better they will perform in the real situation. But, what about training the leader for crisis?

Most people think of crisis as a situation with a high degree of risk, uncertainty, and urgency. As leaders,

it's important to understand how to turn the characteristics of crisis into a decisive advantage. With the right strategy, a leader can align, compel, and create synergy while uniting effort, resolve, and ownership such that the crisis becomes an asset.

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Leading in Crisis

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Before I discuss the personal traits of leaders who often succeed in crises, let me share a few thoughts on the aspects of crisis that open windows of opportunity.

The higher the degree of complexity and uncertainty, the more important diversity of thought becomes.

Clarity. Crisis often brings into clarity what needs to be accom-

plished in order to mitigate risk. Clarity is critical to getting past the fog and paralyzing fear of an unfolding disaster. It channels energy and allows team members to focus on critical tasks when the situation may seem overwhelming. It is essential for unity of purpose.

Alignment. Nothing brings a diverse team together like a common challenge. We imagine the unity of effort on Flight 93 that crashed in Pennsylvania on 9/11. A plane full of strangers united to overcome armed hijackers. A crisis can provide an alignment of diverse interests to achieve a common purpose.

Resources. The urgency of a crisis often provides direct access to resources that would otherwise require deliberate planning and a challenging bureaucratic process to acquire.

Diversity of thought and experience. In the course of normal events, leaders may not always seek out diversity of thought and experience when assessing options, but it is an enormous advantage to do so when a crisis presents. The higher the degree of complexity and uncertainty, the more important diversity of thought becomes.

Risk. Whatever the situation, an impending crisis forces an immediate assessment of risk, which is helpful in clarifying priorities.

Ownership. Once risks are identified, ownership and responsibility for action become clearer. How the leader then responds becomes the critical element in an effective transition to unified action.

Training the leader for crisis. The question is, are you ready?

Don't underestimate the desire to avoid responsibility when there are clear personal and professional risks.

It's worth remembering that a crisis doesn't intuitively bring out a person's best self—discipline and training are required for you to be a leader capable of leading in crises. There are traits that can be practiced and strengthened during daily life to ensure your mind remains under control in crisis.

Moral courage. Moral courage is required to take responsibility for a potential disaster as it unfolds and the team's response to the situation. Don't underestimate the desire to avoid responsibility when there are clear personal and professional risks. Executed in the right way, I've seen leaders turn the desire to run from responsibility—and from other team members—into extraordinary fidelity once they realize the leader and team are all in the crisis together. Effective leaders must step up to galvanize the team.

Let the conviction that a leader's first obligation is to "do what is right" be your guide.

Authenticity. As a leader in crisis, your team and the people affected by your action will sense your authenticity and the strength of your resolve to do what's right. The quickest way to destroy the natural unity arising from a crisis is the perception that the leader is playing to partisan or insular interests. Let the conviction that a leader's first obligation is to "do what is right" be your guide.

Decisiveness. The ability to make decisions in crisis is absolutely critical to your success. It's easy to let the desire for more information delay or even paralyze your leadership. Train to make decisions with less information, more intelligence, and trust in your insight and team.

Resolve. In many situations, your best ally will be the confidence and resolve you show to see the challenge through. People want to believe in their leaders. The will of the leader can turn the tide in crisis. An axiom of battle is that an army of deer led by a lion can be more powerful than an army of lions led by a deer. Don't underestimate the power of sheer will.

Training your mind to be prepared for leadership in crisis is an important part of professional growth. Either you will define the circumstances or the circumstances will define you. As President Kennedy cautioned, leadership is required to recognize the danger and to seize the opportunity a crisis presents.

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Monica Lypson

Scholarship in Health Disparities Education: A Valuable Investment

Dr. Monica Lypson is a Professor of Internal Medicine and Learning Health Sciences at the University of Michigan Medical School. She is the Assistant Dean for GME, University of Michigan Medical School in Ann Arbor, Michigan. mlypson@med.umich.edu.

Health disparities education has become an important and much needed topic in medical education curricula. Early in my career, I found a community of dedicated faculty with similar interest in health disparities education within the Society of General Internal Medicine (SGIM). SGIM and its members have been leaders in health disparities education for over 10 years.

Despite the support received from SGIM, faculty members with an interest in health disparities education scholarship are still needed to serve as foundational experts within medical education programs across the nation. Those of us with experience in this field are called upon often to provide the needed knowledge and translational and clinical expertise. Through health disparities education scholarship, we articulate the relation-

ship between race/racism and bias and health care outcomes, reframe the marginalization of health disparities at many institutions, as well as influence the clinical enterprise by improving clinical outcomes, pursuing health equity, and/or assessing institutional impact of their work. Many more faculty members in this area are needed.

Being a disparities education expert is a ripe training ground for leadership. These faculty members are often learning and improving their leadership skills on a daily basis in their efforts to motivate others and inspire change, facilitate relationships across silos, and engage communities in meaningful transformation of health.

Division chiefs and other institution leaders should provide those with the desire to pursue scholarship in this field with the resources to develop the

skill set of disparities education experts, e.g., facilitating workshops on unconscious bias, cultural diversity in health care, managing difficult conversations, and using clinical outcomes and the patient voice to facilitate physicians' behavioral change.

I offer three suggestions for division chiefs and/or faculty mentors: (1) articulate how this skill set and the development of scholarship in health disparities can advance one's career; (2) facilitate and hone these skills while ensuring that faculty members are meeting career and promotion milestones; and (3) be creative and supportive in ensuring success for faculty expertise in health disparities education. This is an important academic field; it promotes leadership skills and supports meaningful careers, while at the same time provides a structure to ensure health equity for all.



Tracie C. Collins

President's Corner Year to Date

Tracie C. Collins, MD, MPH, 2014-2015 President ACLGIM, Professor of Medicine and Chair, Department of Preventive Medicine and Public Health, The University of Kansas School of Medicine, Wichita, Kansas. tcollins2@kumc.edu.

We have had a tremendous year. The Winter Summit was held December 7-9, 2014, at the Camelback Mountain Resort and Spa in Arizona. Many thanks to the two planning chairs, Drs. Elizabeth Jacobs and Lisa Vinci, for organizing a great summit. The theme of the summit was "Celebrating the Strength and Success of Leadership in General Internal Medicine." We were fortunate to have very engaging presenters who nicely complemented one another in their expertise. Drs. JudyAnn Bigby, Marshall Chin, and Monica Lypson

highlighted their achievements in addressing disparity through health policy, research implementation, and medical education. Dr. Elizabeth Trowbridge presented her successful redesign of primary care at University of Wisconsin Health. Dr. Thomas Staiger highlighted his success in promoting scholarship in quality improvement, and Dr. Russell Rothman provided several examples of success in achieving funding for patient-centered outcomes research. Karin Silet and Liz Jacobs provided insightful sessions on advancing institutional

excellence and inclusion through mentoring. The presenters' slides can be downloaded from the ACLGIM website. www.sгим.org/aclgim-meetings/summit.

In addition to our summit, ACLGIM has offered a site visit program since 2002. This program allows for colleagues from ACLGIM with the appropriate expertise to visit your institution to address the specific questions that you pose. Past site visits have focused on integrating hospitalist programs into academic divisions and strategic

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planning. You can initiate the process by contacting Kay Ovington. More information is available at www.sgim.org/aclgim-tools—programs/site-visit-consultation.

We are excited to continue the ACLGIM Unified Leadership Training in Diversity (UNLTD) program which is now in its fifth year. Our two fellows this year are Drs. Ade Olomu and Nancy Denizard-Thompson. Our two ACLGIM mentors are Drs. Marilyn Schapira and Anu Paranjape. Each fellow has completed a 360 assessment as well as readings that address leadership development. The fellows meet with their mentors at least monthly and with me quarterly, via phone. They will complete the fellowship with a brief summary report of their experience. Many thanks to Marilyn and Anu for their time and commitment. Although I will miss being so closely involved with UNLTD after having been a part of it since its inception, it is time for a new leader. I am pleased to announce that Dr. Anu Paranjape will assume the lead for UNLTD starting in May 2015. www.sgim.org/aclgim-tools—programs/leadership-diversity.

We are wrapping up the first year of the LEAD program. This exceptional program provides leadership development for SGIM faculty around the country. It is led by Drs. April Fitzgerald, Deborah Burnet, and Jennifer Smith. It includes a workshop, as part of the Hess Institute, additional targeted workshops at the SGIM annual meeting, and an ongoing, remote learning plan with a focus on developing the leadership skills of our physicians. www.sgim.org/aclgim-tools—programs/lead

In April, we will hold our annual Leon Hess Management Training and Leadership Institute the day prior to the annual SGIM national meeting in Toronto, Canada. The theme for this year's Institute is "Managing Change." I hope that you can join us for a day of exciting presentations and networking.

We are now in the midst of starting the Mini Z project led by Drs. Stewart Babbott and Mark Linzer. This project will allow 50 general internal medicine divisions around the country to assess work-life balance among their faculty. The results from the survey will be provided to the division chiefs along with summary rec-

ommendations of next steps. Such efforts are essential to address the needs of GIM faculty around the country. Following this pilot phase, we hope to extend the use of this program to other primary care clinicians around the country.

It has been a tremendous honor to serve as president for 2014-2015. One of my goals was to grow our membership. Toward this effort, I joined several regularly scheduled calls of SGIM task force committees to provide an overview of ACLGIM and to answer questions about the benefits of joining. I am pleased to report that our membership has increased by 8%, with total membership of 173. Also, I was fortunate to work closely with Dr. Bimal Ashar and Jillian Gann to simplify the process for membership dues.

I want to thank Kay Ovington and her colleagues at the national office as well as our speakers, collaborators, and colleagues around the country for their support of ACLGIM. I look forward to seeing all of you in Toronto and continuing my involvement in ACLGIM under the leadership of our incoming president, Dr. Jean Kutner.