



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."



President's Corner Calling All Leaders: ACLGIM Is Here to Support You and Enhance Your Effectiveness

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he Association of Chiefs and Leaders in General Internal Medicine (ACLGIM) is entering its 20th year this year. For its first 10 years, the organization was the Association of Chiefs of General Internal Medicine (ACGIM). However, in 2010, with a growing recognition of the numerous different types of leadership roles that general internists hold, we broadened our name to ACLGIM to communicate that we are a big tent that welcomes each and every one of these leaders.

During the past 10 years since its name change in 2010, ACLGIM has served as a valued and meaningful professional home for many of these general internal medicine leaders. However, as the new ACLGIM president, I quickly discovered that the story is actually a bit more complicated. In my first week as ACLGIM president, during the outstanding 2019 SGIM Annual Meeting in May, I learned that there is also a contingent of academic GIM leaders who are uncertain about ACLGIM's main audience and purpose. To my surprise, I was asked by several division chiefs, "Is ACLGIM for me or is it for emerging leaders?" At other times in that same week, when chatting with more junior leaders, I was also asked more than once, "Isn't ACLGIM primarily for division chiefs and department chairs?"

It's not one group or the other-my hope is that ACLGIM can be a professional home of great value to all of these leaders. By providing leadership training, a convening space to discuss and share strategies about the most challenging issues that we face as physician leaders, and the opportunity to meet and network with other leaders. I believe that ACLGIM can indeed meet the need of a wide array of generalist leaders.

Physicians who become leaders often do so because of a commitment to advancing the work of a division, department, clinical, educational, or research endeavor for the benefit of their patients or colleagues. Yet, we often take on these leadership roles with limited leadership experience or training. So, there is undoubtedly a need for ACLGIM among the early and emerging leaders. In addition, however, many of us find that as our roles and responsibilities evolve and unfold, more questions come up; therefore, we need a space in which to focus on and further sharpen our leadership skillset. In my own experience, I have been faced with new challenges associated with major recruitments, unexpected departures, physician well-being, hospital network development, and the arrival of new Csuite senior leaders that I could not

have anticipated when I began in each of my leadership roles. I realize that it will not be easy to ensure that we are meeting the needs of a diverse array of leaders, but we ACLGIM leaders are committed to doing our best to achieve that goal. Carlos Estrada's article in the previous ACLGIM Leadership Forum detailed our strategic plan and tactics1, so I will not repeat them in detail here. But briefly, our goals are as follows: 1) to provide value and support to leaders as ACLGIM members, 2) to foster the continuous development of current and future leaders in general internal medicine, and 3) to synergize with key SGIM priorities and external partners.

Over the past 20 years, I have been a residency program director, associate chief of a GIM division, department chair, and now a vice chair of a department of medicine. Like so many of you, I have been evolving and growing in each of these roles, and I was often thinking about what skills I needed for my current role, as well as looking ahead and endeavoring to prepare for my next role. However, two things that often distinguished me from my colleagues as I took on those leadership roles, were my gender and race. While women and under-represented minorities now make up a higher proportion of academic general internal medicine

continued on page 2



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President's Corner continued from page 1

than we did when I entered our field 30 years ago, we remain underrepresented among academic leadership at every level. The reasons for this are complex and numerous. However, we know that at least part of the reason is less access to powerful networks, mentors, and sponsors and less access to the information that these groups and individuals can provide. ACLGIM can provide this network, this information, and access to mentors and sponsors. Therefore, an important part of ACLGIM's Goal #1 this year is to advance and support the careers of diverse leaders, with a focus on current

as well as emerging women and minority generalist leaders.

Attending this year's ACLGIM Summit is a great way for each of you leaders in our big tent, including established leaders, new leaders, emerging leaders, women leaders, and minority leaders, to start benefitting from all ACLGIM has to offer. This year's Summit will focus on the incredibly important topic of making successful and effective career transitions and transformations. We will discuss not only how to transition successfully, but also when to make a career transition—one of the most frequent questions I hear from col-

leagues at every career stage. I hope you will join me at the Summit! I also look forward to hearing your ideas and suggestions about how ACLGIM can best meet your needs as a leader, both for the role you have today and the role you will have in the future.

Please reach out and share your thoughts, ideas and reflections with me.

References

1. Estrada C, Babbott S, Brownfield E, et al. President's corner plus strategy: ACLGIM strategic goals 2019-2021. *The Leadership Forum*. 2019; 11(2): 1-2.