

The Leadership Forum

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

From the Editor



April Fitzgerald

One of the valuable benefits of ACLGIM membership is the opportunity to interact with chiefs and leaders from across the country and to collectively learn from their expertise and experiences. Our members often use the GIM Connect ACLGIM Community to pose questions for broad input. This September issue of the *Leadership Forum* shares input from the ACLGIM community on a question posed by one of our members, Dr. Mark Earnest, about the

need to grow capacity and quality in primary care.

The second piece in this issue is written by one of our ACLGIM Unified Leadership Training in Diversity (UNLTD) Program Fellows, Dr. Elizabeth Leilani Lee. She gives us a nice summary of Adam Grant's 2013 *Harvard Business Review* article about creating a work environment that is highly efficient and effective by cultivating the "givers" in the organization.

The final piece in this issue is a

perspective on leadership through the eyes of a medical student from the class of 2017. Madeleine Manka describes the importance of promoting a positive environment and how the attitudes of the leader can affect the followers.

Your feedback and discussions help sustain, improve, and develop the *Leadership Forum*. We both welcome and encourage your contributions. Correspondence may be sent to afitzg10@jhmi.edu.

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Words of Wisdom

Creating a Common Primary Care Enterprise across the Disciplines—An Idea Whose Time Has Come?



Mark Earnest

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At the University of Colorado, we are facing an imperative to rapidly grow the capacity and quality of primary care. In part, this is a response to needs in the community, but in at least equal measure it represents the demands of a health sys-

tem that aspires to grow and flourish in the post-Affordable Care Act (ACA) world. Our ability to respond to these demands is limited at best. The current organizational structure for primary care is overwhelmingly cumbersome and inefficient. Our in-

frastructure is divided between the Department of Family Medicine and the Division of General Internal Medicine and includes scattered individuals and committees representing the health system, the practice plan, and

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the School of Medicine. The agility we require to be successful in growing and improving primary care can be achieved only if we create a central infrastructure for primary care that brings these disparate pieces into one coherent enterprise.

In May, I described our institution's challenge to the ACLGIM community on GIM Connect and asked if others faced similar challenges, and if so, how had they responded. As I

suspected, we are far from alone. The responses reflected a number of academic medical centers in various stages of development. While the models had differences, they all aspired to similar outcomes.

I'm optimistic that the newfound interest in primary care from health care systems across the nation is more than a fleeting by-product

One academic health center in the Mid-west has created a primary care network (PCN) that oversees community-based practices in their catchment area. The Division Director of General Internal Medicine (GIM) there described the arrangement this way: "Practitioners include faculty and non-faculty from both the Department of Medicine and the Department of Family Medicine. Faculty in the Dept of Medicine are part of our Division of GIM and contribute to the teaching mission of the College and system. Hospital-based ambulatory practices and the inpatient medicine programs are under the purview of GIM. The leadership of the PCN and I work closely together on faculty recruitments in GIM that fulfill both community practice needs and the academic needs of the College of Medicine. In particular, this has created a pipeline between our residency program and the PCN as it has grown. It seems to work well."

One of the other academic medical centers is in the planning stages of developing a primary care service line. The GIM Division Chief described working with the Chairs of Family Medicine and Pediatrics in the endeavor noting, "We've found more common ground than differences and discovered we have more influence and synergy working together, so it's been quite productive." The Chief went on to write, "It's also helping us collaborate on moving ahead with PCMH certification and planning for PQRS management." There also was an unanticipated benefit that came from the relationships forged through the

process. As the different disciplines have come to know each other better, they have been able to advocate more effectively for the resources needed to bring their complementary "gifts and talents" to the collective table. The example offered was the recognition of the unique role of internists in caring for highly complex patients, a role with which Family Medicine was less comfortable. The outcome was advocacy for more internists to meet the needs of the large number of complex patients leaving through the "back door" of the specialty and inpatient services.

One GIM Division Chief described a similar process where the medical center combined GIM, Family Medicine, Geriatrics, HIV, Ambulatory Diabetes, and Student Health into one primary care service line. There were several benefits to the effort. In addition to the "strength in numbers" effect of combining primary care disciplines into one collective voice, it also "clearly has focused the attention of the enterprise on the importance of primary care." As a result, they have been given the green light to develop a plan for growing the footprint of their primary care network, and their faculty have gained clarity in terms of their roles and responsibilities. "Faculty now have very explicit divisions of their effort into clinical and academic components. Their clinical work is under the auspices of the primary care program and their academic work is under the auspices of the division chief or department chair."

As for me, I'm optimistic that the newfound interest in primary care from health care systems across the nation is more than a fleeting by-product of the ACA. Now that the Supreme Court has ruled on *King v. Burwell*, I have measured confidence that the changes we have seen are real and that the fortunes of primary care will continue to rise. I'm encouraged by these examples to pursue the interests of GIM in concert with our colleagues in other primary care disciplines to create a single primary care enterprise to shepherd our growth and ongoing improvement in the years ahead.

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Harvard Business Review Corner

“In the Company of Givers and Takers” by Adam Grant

Harvard Business Review, April 2013

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Successful businesses recognize a key concept: their organization’s prosperity depends on the work culture and the work culture hinges on the collegiality of their employees. In medicine, we sometimes avoid thinking of our workplace as a business. However, leaders in medicine might be interested in some lessons from the business world on how to empower their physicians and cultivate a culture of “giving” such that they are able to produce sustainable environments of profitability, productivity, and patient satisfaction.

In the *Harvard Business Review* article, “In the Company of Givers and Takers,” Adam Grant outlines key concepts that a leader can implement to develop an efficient and effective organization.

We’ve all seen successful people who are takers, those who try to get as much as possible from others and contribute as little as possible in return. They guard their own time, claim credit for others’ work, self-promote, and sometimes backstab. On the other end of the spectrum are the givers, individuals who contribute to others without seeking anything in return. They enjoy helping others and frequently do so, without strings attached. Then there is the rest of the employees, the majority of individuals who fall somewhere in the middle, called matchers. They maintain a balance of give and take, a quid pro quo system; matchers can be influenced to be more giving or more taking depending on the work culture.

Nathan Podsakoff of the University of Arizona examined 38 organizational behavior studies that included multiple industries and 3,500 business units and found a robust link between employee giving and desirable

business outcomes. Specifically, high rates of giving were predictive of higher profitability, productivity, efficiency, and customer satisfaction. Unfortunately, employees often receive mixed messages that undermine a giving culture. Systems that force rankings or have competitive bonus pools or pit employees against each other can undermine collegiality. Reward systems that focus on individual performance metrics can lead to a “not my job” mentality.

Matchers can be influenced to be more giving or more taking depending on the work culture.

When Frank Flynn of Stanford looked at engineers, being a giver tended to propel some individuals to the very top while sinking other individuals to the bottom. Takers and matchers tended to be in the middle with regard to work productivity and quality.

So, how can leaders promote an atmosphere conducive to giving and the desirable positive outcomes? Grant uses Podsakoff’s and Flynn’s studies to illustrate concepts that leaders can implement to encourage the givers in an organization to succeed and therefore influence the work culture toward higher productivity and efficiency. The tricky part is helping givers succeed without allowing takers to take advantage of them.

Leaders need to be observant of who is a giver and who is a taker. Leaders can target takers (or matchers emulating takers) in the organization by providing incentives for collaboration and repercussions for colleagues who do not reciprocate. There are also a few ways that lead-

ers can help the givers protect themselves from their own generosity so they and the organization can excel.

Grant suggests that leaders can help givers in their organization learn techniques for appropriate self-advocacy that feel compatible with their innate generosity. Givers are more likely to be assertive if acting as an agent on behalf of others. He proposes teaching givers to set boundaries and suggests givers limit their giving by carving out time and space for uninterrupted work. Givers also need to be wary of their own empathy and appeals by others for their assistance. Teaching givers to consider the other person’s perspectives in addition to their own feelings can allow givers to make better choices and avoid burnout or decreased productivity due to overcommitment to helping their colleagues.

Physicians reflect the greater society. Among us are the takers, the givers, and a majority of matchers. Although we are trained to be givers to our patients, the training is situation specific and may not translate into how we treat our colleagues. Our reward systems may include self-promotion and hero-worship, which can send mixed messages to physicians about how to succeed.

Leaders need to recognize the importance of a giving culture among colleagues and promote an atmosphere of generosity toward each other. Creating value for other people is the best way for everyone to win in the long run—with higher profitability, productivity, efficiency, and patient satisfaction—even though it may involve some short-run costs. Creating the right culture for success is a critical concept for physicians to understand in order to lead successfully.

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Madeleine Manka

Perspectives in Leadership Leading Positively

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Excited yet unsure in my first week of medical school, I listened to my advisor say to his five new advisees, "You guys are awesome. I already know that we will be the best group." His positivity and confidence in our success inspired me with new conviction and desire to succeed.

Because he expressed his belief in us, I believed in myself and set out with increased confidence to conquer the uncharted waters of year one.

I set out on this journey, ultimately, to help others. The pursuit of medical practice is inherently pro-social, as physicians aim to positively alter their patients' lives. When you become a leader in medicine, your potential to create this positive change is amplified. A physician, for example, may lead a cohort of residents and medical students or a team of health professionals that coordinates a patient's care. The mission of student education or providing optimal care can be promoted or obscured by the techniques used by the leader of the team. Although there are many leadership techniques, I am struck by how natural and successful these techniques become for leaders that adopt overarching positivity.

One should praise team members' successes for others to witness, and give negative feedback in private while continuing to emphasize the persons' worth and the leader's thankfulness for their contributions.

A leader might evoke a controlling attitude hoping to hasten productivity, but a leader with a more positive, open, and encouraging attitude may realize more productivity and superior work from team members who feel comfortable expressing their own ingenuity. In the field of psychology, it has been shown that teachers' expectations of students affect student success. If a leader raises her own expectations for her team, she has instantly increased their chances for success. A positive approach is also employed when correctly giving feedback. One should praise team members' successes for others to witness, and give negative feedback in private while continuing to emphasize the persons' worth and the leader's

thankfulness for their contributions. If a positive attitude is embraced in ways such as these, it may help a leader foster inspirational motivation. While physicians may find themselves easily acquiring power to lead through position and expertise, the referent power of charisma may seem more obscure and subjective. A leader may create the environment necessary for a synergistic team, even without born charisma, by adopting positive expectations, expressing optimism, and communicating tasks and feedback in a positive light.

In these ways, adopting an overarchingly positive attitude can help a leader achieve his goals and certainly make the process more enjoyable as well. Since my first week at medical school, I have been inspired and motivated through the sincere positivity and high expectations of my advisor and other professors. I feel lucky to have encountered this type of leadership early on. I hope that in the future I may practice transformational leadership in order to create positive change in the lives of those I lead and those we serve as medical professionals.