

# The Leadership Forum

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

## From the Editor



April Fitzgerald

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 April 22, 2015, in Toronto, Canada. This issue of the *Leadership Forum* features articles by four of the Hess Institute speakers.

Our first article is by Keith Regehr, JD, who is an expert in conflict management. His article touches on some conflict situations that we

all commonly encounter. Our second article is from Rick Leffke, an expert in leadership training. His article discusses finding your purpose as a leader. Our third Hess Institute article is by Dr. Stephen Hwang, who gives us a look into the Canadian General Internal Medicine (GIM) designation, which has traditionally been a hospital-based specialty and operates differently than GIM in the United States. Our final article, by Dr. Irfan Dhalla, includes five dysfunc-

tions to avoid when working on a team. Each article offers only a glimpse of the valuable information presented at the Hess Institute, and we thank the speakers for sharing their words of wisdom.

Your feedback and discussions help sustain, improve, and develop the *Leadership Forum*. We both welcome and encourage your contributions. Correspondence may be sent to our Editor, April Fitzgerald, at [afitzg10@jhmi.edu](mailto:afitzg10@jhmi.edu).

1

## Looking Conflict in the Eye

Keith Regehr is the founder of Transforming Conflicts, whose goal is to strengthen the ability of groups to accomplish their mission by helping them address conflicts and build structures and systems to maintain effectiveness. He is based in Kitchener, Ontario. [keith@keithregehr.com](mailto:keith@keithregehr.com).



Keith Regehr

You have just had a difficult conversation with *that* colleague or employee. You know you need to have further conversation because the issue isn't finished. How do you figure out why the conversation went so badly? How do you think through what you want to do for the next one?

Several patterns in human relationships likely came together, and

understanding them will help you think about what just happened and what you need to do for the next meeting.

The reasons are complex, but we frequently fall into the trap of thinking that the person with whom we are in conflict is acting out of either a flawed character or vindictiveness. Odds are they think the same way about you, and that's a recipe for a

conversation going nowhere. What if we moved to genuine curiosity about the other person rather than making assumptions about their character? What if we listened to their point of view and then invited them to say more?

Think through the conversation that went badly. What were the points where, as you spoke, it was

*continued on page 2*

## Looking Conflict in the Eye

continued from page 1

clear that they were making assumptions about the intent behind your words? Or they made assumptions about the effect their words had on you? Where did you make similar assumptions about them? It is a truism about communication that all we have is the words. So much else is hidden: the intent that lies behind what we said, the thing that we really wanted to communicate that our words failed to carry, the hurt that we experienced when they spoke. Or our backstory—the argument that we had before

leaving for work that led to us getting snippy when that conversation happened. All of these issues are invisible to the other person.

There is so much more to a conversation than the words. What would happen if we spoke those unspoken things that we are carrying around with us but find hard to say? What would happen if we inquired about unspoken things that the other person is holding and needs to say?

Most people enter a conflicted conversation with a clear idea of the best outcome. We come to the conversation with the solution, our position, nailed down, and so does the other person. An argument about which position is better rarely finds a solution. But beneath the positions lie a host of needs, fears, hopes, and concerns—our interests. What would happen if, instead of sparring over positions, we asked questions that pursued the interests of the other side? What would happen if we spoke of our interests? And what would happen if we did so in a way

that allowed us to find a solution that addressed the mix of needs, fears, hopes, and concerns in a way that left each of us able to say “Yes.”

Who hasn’t, after a difficult conversation, gone looking for a friend or colleague with whom we can commiserate, hoping of course that this person would take our side? Who among us has not had someone come to us looking for this support? One thing we know is that creating a triangle in this way is a powerful force that keeps the conflict entrenched. “Talking about” can never solve the difficulty. “Talking to,” on the other hand, is the only way. What if we went looking for people to help us talk to the other person? What if we became the kind of people who help others “talk to”?

Working on these practices will not make difficult conversations fun. They will still be hard, and they may still be stomach churning, but these practices will contribute to better outcomes. They will help us find our way to the other side in much better condition.

## Leaders and Light Bulbs

Rick Leffke is a consultant for The Carden Group (TCG), a leadership development firm. His area of expertise is design, implementation, and measurement of behavioral change strategies within organizations. He is based in Dallas, Texas. Rick@Leffke.com.



Rick Leffke

Leadership is a choice, not a rank or title. We have a responsibility as a leader to light a path that creates clarity and ensures personal growth for those we serve and to do so in a safe environment. In many cases, people at the senior-most levels of organizations are not leaders. They are authorities, and we do what they say because they have authority over us, but we would not follow them. There are many people who are at various levels of organizations who have no authority yet they are great leaders. This is because they are enlightened and understand their purpose. They

choose to look after the person to the left of them and to the right of them.

The term “leadership” has taken on many different meanings throughout time. During the late 1930’s and mid 1940’s, *der Führer* (German for “the leader”) was often used to mean tyrant. In *Webster’s Dictionary*, the term “leader” has a more positive connotation, “one who leads or guides.” Countless examples of great leaders in recent history point to a consistency in two fundamental areas.

First, leaders have the ability to create a clear bright vision (defined

continued on page 3

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## Looking Conflict in the Eye

continued from page 1

and aligned purpose) for the future of the organization. Second, they create a safe environment for those they

serve, which is often achieved through purposeful skill development in both human relations (or civility) and communications.

The challenge before all leaders at

any level in the organization is to light the path to ensure clarity of direction, personal growth, and safety throughout. When this is achieved, remarkable things do happen!

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## Defining the Role and Value of GIM—The Canadian Experience

Dr. Stephen Hwang is the Director, Division of General Internal Medicine at the University of Toronto, St. Michaels Hospital in Toronto, Canada. [hwangs@smh.ca](mailto:hwangs@smh.ca).



Stephen Hwang

**G**eneral Internal Medicine (GIM) in Canada has traditionally defined itself as primarily a hospital-based discipline. General internists are consultants practicing what would be termed hospital medicine in the United States, primarily at academic hospitals and large or mid-sized community hospitals. At academic centers, general internists play a central role in the education of residents and medical students in GIM clinical teaching units. In the outpatient setting, general internists do not provide primary care. Rather, general internists see patients who are referred by a primary care provider (family physician) for consultation regarding a specific question or concern.

After years of advocacy and debate, GIM in Canada has recently

entered a new stage of development: the Royal College of Physicians and Surgeons of Canada has formally recognized GIM as a distinct subspecialty of internal medicine. This change has significant implications, risks, and opportunities for the future of GIM in Canada. Internal medicine residents can continue to be certified in the specialty of internal medicine after completing 4 years of training, but they must complete a total of 5 years of training (3 years in internal medicine plus 2 years in GIM) to be certified in the subspecialty of General Internal Medicine.

GIM has sought to define its role and value as distinct from that of the broad specialty of internal medicine, with a focus on diagnosis and man-

agement of complex multi-system disease, comprehensive care of the adult patient in an integrated fashion, and expertise in special areas such as obstetrical medicine and perioperative medicine. Recognition of GIM as a subspecialty was seen by many general internists as a means of achieving greater recognition, respect, and organizational strength.

While GIM remains a popular career choice among internal medicine residents in Canada, it remains to be seen over the coming years what proportion of residents will pursue certification in GIM rather than remaining in internal medicine. Overall, these developments suggest that the identity of GIM in Canada may increasingly diverge from that of GIM in the United States.

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## Why Do Some Teams Succeed When Others Fail?

Dr. Irfan Dhalla is an Assistant Professor of Medicine at the University of Toronto. He practices primary care at St. Michaels Hospital and is the Vice President of Evidence Development & Standards for Health Quality Ontario in Ontario, Canada. [Irfan.dhalla@hqontario.ca](mailto:Irfan.dhalla@hqontario.ca).



Irfan Dhalla

**I**n keeping with the Canadian venue of SGIM 2015, let me begin with a Canadian-themed question: Why were the Edmonton Oilers of the 1980s a great hockey team?

The obvious answer is Wayne Gretzky. And yes, Gretzky was one of the key reasons the Oilers won five Stanley Cups that decade. The best teams do frequently have one or

more exceptional individuals. But as we know both from personal experience and from following our favorite sports teams, individual brilliance is not enough to guarantee excellent team performance.

Patrick Lencioni's "The Five Dysfunctions of a Team" can be used to better understand why some teams succeed and others fail.

Lencioni argues that the first dysfunction is an absence of trust, and that the kind of trust that is important to have in a high-functioning team is obtained only when team members reveal some of their weaknesses to each other. This trust is called vulnerability-based trust. One of the ways that Wayne Gretzky

continued on page 4

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## *Why Do Some Teams...*

*continued from page 3*

showed his vulnerability was by shying away from almost all physical contact and relying on a teammate, Dave Semenko, to act as an “enforcer.” Teams can build vulnerability-based trust when team members show their weaknesses in the course of everyday work or through specific team-building exercises.

Without vulnerability-based trust, Lencioni argues, teams will almost always fear conflict. This is the second dysfunction. Not all conflict is good, of course. Most of us have seen someone belittled or attacked personally, and this kind of conflict should be avoided. But quite frequently, team members pretend to agree with one another, or at least refrain from disagreement, even when they have good reason to engage in a thoughtful debate about ideas. Productive conflict can be encouraged in a variety of ways, including by establishing norms for surfacing and dealing with conflicts and by providing permission

for team members to disagree. A statement at the end of a presentation such as “tell me what you think might be wrong with this proposal” is probably much better for bringing out conflict than asking “any questions?”

Fostering productive conflict—and then dealing with it—allows teams to avoid the third dysfunction, a lack of commitment. Lencioni is not talking about commitment to an ideal or to long hours but rather to making a clear decision and then communicating it to everyone involved. Successful sports teams do this routinely. The team and the coach might discuss what the strategy should be, but once the coach has decided, all players must try to execute the strategy.

If decisions are clear and properly communicated, team members can then hold each other accountable. A lack of accountability is the fourth dysfunction. Hockey coaches often hold players accountable by “benching” them, not allowing them to play.

Glen Sather, the coach of the Edmonton Oilers during the 1980s, even benched Wayne Gretzky when he didn’t adhere to the agreed-upon strategy.

The fifth and final dysfunction is a failure to pay attention to results. The best teams usually focus on measurable results, set collective goals, and make both the goals and their performance public. For sports teams like the Edmonton Oilers, this is unavoidable; the goal is to win the championship, and fans pore over each game’s statistics.

Like most great teams, the Edmonton Oilers of the 1980s trusted each other, dealt with internal conflict well, made clear decisions, held each other accountable, and paid attention to results. Whether or not you have a Wayne Gretzky on your team, trying to minimize the “five dysfunctions” will probably improve your team’s performance and provide a more fulfilling and enjoyable leadership experience.